

OPERATOR: Good afternoon and thank you for standing by and welcome to the Title VI Nutritional Webinar. Today's conference is being recorded. If you have any objections, please disconnect at this time. Your lines are on a listen-only mode until the question-and-answer session of today's conference. At that time, you may press star followed by the number one to ask a question. Please unmute your phones and state your first and last name when prompted. It is now my pleasure to turn the conference over to Jasmine APLIN with the Title VI Office. Thank you, you may go ahead.

JASMINE APLIN: Thank you very much. Hi, everyone, this is Jasmine APLIN, most of you probably know me from Friday calls. I work in Cynthia's office on the Title VI Program. And so the purpose of today's webinar is to talk about nutrition. But before we do that, I want to give a little bit of—I want to give some brief updates about the things we've been doing in our program. First of all, I have to give a shameless plug for participation in those Title VI all-grantee calls that we have every Friday from 3:00 p.m. to 4:00 p.m. Thank you for everyone who has participated in those; they have been such a wonderful wealth of information about what you're doing in your community as well as helping other communities understand what's going on throughout Indian Country.

The other thing that I would like to say is to thank you for sending in your questions. We have been pulling together the questions that you have sent in and put out a comprehensive Title VI Q-and-A document that can be found on both the Older Indians website as well as acl.gov. So if you have questions or just want a resource to peruse, we would definitely recommend starting there. It's got a wealth of information included, but we will continue updating that document as your questions come in. So if you have questions that are not answered or questions that are—or questions that you want more clarification on, please consider emailing us and letting us know or asking us on the Friday calls so that we can get those questions answered for you.

The other thing that I would like to say again is to please remember to update your summary information. We have sent out questions asking you for summary information about your programs throughout the last couple weeks, and we really appreciate your responses because that helps us understand what's going on, based on the ground, in Indian Country. However, we do want to say, if you have updates to that information, either updates to the information that we've previously provided or we've asked some new questions throughout the weeks, we encourage you to just kind of let us know so we can kind of get a more real-time feel of what's going on.

The last thing I will say is, once again, today's webinar is supposed to be nutrition-focused, but we understand if you have burning questions related to other aspects of the Title VI Program, we'll stay on to try to get those answered. The best place to ask those like more programmatic, comprehensive Title VI questions is either via email or on the Friday call so that everybody can get the benefit of it who may not be here today. But, again, like we do understand that CARES Act funding just went out, so you might have some questions about that, so we just wanted to let you know that that's a possibility.

So without further ado, for today's webinar, we are incredibly fortunate to have a presentation by the incomparable Jean Lloyd. Jean has come to us with over two decades of government experience. She's a nutritionist who's worked with both the federal government

and the state government. She's worked on both the Title VI and Title III programs and has been a completely invaluable asset within this last—helping us navigate the waters of this current crisis. So we really appreciate Jean's time and Jean's expertise, and so without further ado, I'm going to turn it over to Ms. Lloyd for our presentation.

JEAN LLOYD: Thank you very much, Jasmine. I really, really appreciate that nice introduction. And for many of you, I've met you, you've already heard me at other presentations, and so some of these slides might actually be things you've seen before, and you've heard some of my comments on them. But I think this all is a whole different twist to how do we look at what's going on in the program.

On my first slide here, you'll notice that there is this slide with some gentlemen eating their congregate meal, and you'll notice how close together they are. They're having good conversation. They're having good social interaction. And then, in the middle, you'll notice that there's a woman delivering a home-delivered meal to the home-delivered meal recipient, and you can tell they're having a good social interaction, hugging her because she's so happy to see somebody and have that social interaction. But you know we're not doing that now, either one of those. Those are our program prior to COVID-19.

And over on the last slide sort of is maybe what our program is going to; a man with a grocery cart shopping for groceries. So is this our new reality? Just this whole thing, I put this slide in there just to give you the sense that that COVID-19 virus is around, and this is what we're seeing, just a bag of groceries for people to help give them that basic assistance. So what I'm going to be talking about today is our new reality, why nutrition is important, what do we provide, basically what is it that we do, how do we do it, how do we do it now, and nutrition FAQs during COVID-19. Some of these you may have already heard answered, but some people are not on the Friday calls, they're not on the webinars, they may not have looked at Older Indians, so I want to go through them.

And if there are questions about what I say, if it's not clear, we want to know. We want to know your further questions and then give you the basic resources and take some questions about what you have, either what Jasmine can answer or what I could answer. So this is our new reality; we have closed our congregate programs, we're doing only home-delivered, or we may have a program that's completely shut down period or we have no personal protective equipment, and so we're concerned about how we do this thing.

We either have few staff or all staff are laid off. There's limited availability of shelf-stable meals; they're just not there or, if they are, it takes too long to get them, or they're not being delivered in our area. There's limited availability of frozen meals from vendors, and so we go to the grocery store, and there isn't food at the grocery store, not the things we want, so that there are supply chain issues. Basically, in this country, there is going to be adequate food, but there are some limitations in what's available in the grocery stores because about 50% of the general US population eats out an awful lot, and a lot of that food is packaged in very large containers designed for restaurant service. They can't easily re-take that food back and repackage it for grocery stores. There are supply chain issues.

And then we're having some other issues which is that some farmers can't sell their products because they normally sell their products through that restaurant vein, so they're plowing food under. Or we have had people with COVID-19 in some packing plants, such as

South Dakota, Minnesota, Nebraska, and so some of our meat supply may be disrupted. But those are all going to be shorter-term issues, at least that's what the Department of Agriculture says. So our new reality is we have more people to serve, people we didn't know about before, they've come back and they have come onto our program, and they hadn't even come on before.

We've got elders living alone, and we have elders living in multigenerational families. And these families have family members who are laid off. And elders are hungry, families are hungry. Elders are lonely, socially isolated, and depressed, and we're not sure what to do. There's new money available, but our programs closed down. What are we going to do? And will we ever go back to the way it was, or is there a new normal that we need to be thinking about? So we're uncertain what's going to happen.

So think about this, are—is this just short-term? I know that since, say, mid-March until now, it's been incredibly hectic, incredibly confusing, incredibly difficult, and so we'll concentrate on what do we have to do right now. But what are we going to do long-term; is this a marathon or is this a sprint? What do our elders need now, and what are they going to need six months from now? Think about what your current resources are in your program, what is available now, what do you have? You have a site, you have staff, you have volunteers—they may be different in the future—you have vehicles, you have equipment, you have a telephone. You have all kinds of resources at your disposal.

Are you going to use those resources to plan for something different? Because, do we know if we're ever going to go back to the way it was? And do you have a plan for this new normal? And you'll hear me ask that question a couple of times, and I say it a couple of times, so you need to think both now and what's going to happen. So is your home-delivered just a meal? No, the meal is important. As a nutritionist, I want to tell you, that meal is important, but that meal maintains and improves health, it provides a safety check—how are you going to do that now? It keeps elders at home, we know that from research. It provides social contact. It helps elders be a part of the community. And in this new normal, how do we do that, and how do we continue to do that in the future?

So, first of all, let me tell you about your money because that helps answer that question. This is the order in which you should spend your new money. Notice first the extension funds that some of you may or may not have. Those are extended until March of '21. That's 11 months from now. Okay? So that's the money you do first, and that goes for all usual Title VI funded services. The next two funding sources, FFCRA and CARES, they go for 18 months. So not only do you have that money to use short-term to meet this crisis, you're going to have that money in December, too. You're going to have that money next March. Are your needs going to be the same? Think about that. And then you have your basic Title VI grant, and that's 36 months. That's the last source of funding. So think about, how do you use your money, and what do you use your money for?

So let's first talk about nutrition. Okay, that's my background. Okay. We need nutrition to live. We need adequate food and nutrition to live. That's basic. We also need it to maintain our immune system. If you aren't eating healthy, your immune system is not as good as it could be. You need protein, you need certain vitamins and minerals to keep that immune system functioning. You need food to have physical and mental functioning, too. For example, if you don't get enough B vitamins, your mental functioning, your cognitive functioning declines.

You need it to promote health and functionality. For example, if you don't get enough vitamin D, you have more lower-leg problems, lower-limb problems, and more difficulty in walking. Look, I know all about that kind of stuff, you know, I had an injury, I couldn't walk for three months. I learned to walk again. I know that nutrition helps. It helps reduce your risk of chronic disease or treat and manage this chronic disease, and we'll talk about that for your program, and it helps you remain at home in your community.

What does the law say we need to do? The law says, and this is what the purposes are in Section 330 and 601 of the law, it says, the purpose of this program is to reduce hunger, food insecurity, or malnutrition. Food insecurity is access at all times to adequate nutrition to lead a healthy life. The program, though, is also designed promote socialization. Why? Because we eat better in groups, but also because socialization is essential for health. And the program is to promote health and wellbeing and delay adverse conditions. So we'll talk about those adverse conditions in Indian Country.

So it's essential for the immune function. Research shows that poor-quality diets relate to poor immune systems and the inability to fight off infections and illness. So older people need good food to keep them healthy to help fight off this COVID illness. People who have poor-quality diets are also more frail. Usually they also have a lot of issues in trying to consume an adequate diet. And then poor diets are related to high blood pressure, obesity, diabetes, and overweight. And all of those conditions are conditions that are risk factors for COVID-19.

Okay. I've listed those same things again, but these are the things in the diet that we need to do to help address that. We need to decrease salt, we need to decrease saturated fat, and we need to decrease added sugars. Otherwise, you know, that physician talking to this patient there, he's going to be talking to him about those things as well as how to maintain his health. So this is what we know from the assessment from your programs. Notice on this slide, this is from your needs assessment. I don't know exactly what each of your tribes needs assessments are like, but what I do know is what the national aggregate data shows, and the national aggregate data shows that only about a quarter of your elders rate their health as good or excELLIent.

This question is used on a lot of national surveys. It's a very good question that indicates how people really are, well or not well. And notice only 25% rate their health as good or excELLIent, 75% do not. Compared to the national US population of 55+, it is not as good as the general US population, so that means you have people who are at high risk. And what are they at high risk for? This is what your data shows nationally. High blood pressure is the number one that's real similar to the rest of the US population. But notice the difference with obesity; that is a factor. So is diabetes, so it overweight. Notice that obesity and diabetes and high blood pressure all make people at higher risk, and all of those are diet and nutrition related.

So let's talk about—let me talk about, and then you can talk later—about this nutrition program during COVID-19 days. What do we provide? We provide meals, we provide food, we provide social contact; those are essentials to what we do, and I'll be talking about each one of those. So we always used to provide meals in the congregate site, like that picture of those two gentlemen on the first slide, sitting next to each other, talking very companionably. People participated regularly so they could see each other, and now we have to limit physical contact or have social distancing, so what do we do?

In congregate programs now, we have curbside delivery, grab and go, or delivered to home. So we're providing a daily hot meal, one at a time, as people come by our centers and have a grab-and-go meal. That is not counted as a congregate meal but as a home-delivered meal. Or we might be serving by having a hot meal and a cold meal, so people only have to come out once for two meals. So you might do three delivery times; you serve two meals on Monday, two meals on Tuesday—er, on Wednesday, and two meals on Friday. So hot meal/cold meal at the same time and three times a week so that they only come out those three days, and you only have that at your site for those three days, so it limits your contact, your employees' contact, and it limits contact for older people.

Or you may do simply cold meals more than one meal at a time because they'll last longer. But there is something about hot meals that's very reassuring. Or you could be doing restaurant voucher meals, takeout curbside pickup—and, again, all of these are counted as home-delivered meals because we are no longer doing congregate. Or we're delivering to home. We're doing frozen meals, multiple meals at a time, once or—you know, one or two weeks of meals at a time, and putting milk, bread, and fruit with them because sometimes frozen meals don't have those components.

We're doing shelf-stable meals. Again, multiple meals at a time, one to two weeks of meals—that's pretty heavy, by the way, if you've ever tried to lift some of those boxes of shelf-stable meals. We are also doing, in some cases, meals from FEMA, and those meals are different; again, they're not as common. And then we're doing boxes of preselected foods for groceries, again, to make multiple meals in a week. So that's how we're doing meals now, food and groceries. So this is an example of a meal. If we were going to do meals on—hot meal on Monday, Wednesday, and Friday. So I'm just giving you an example of a hot meal on Monday, follows the regular pattern that we might have. So you might have roast beef, brown and wild rice pilaf, broccoli, carrots, apple slices or apple sauce, orange juice or milk, and some gravy on the roast beef, a nice meal that you have packed for the person for a hot meal.

And then you would serve with that, for the next day, a cold meal, which would be a turkey-and-cheese sandwich with coleslaw, and, again, low-sodium canned vegetable or tomato juice, that's going to be easy, it's going to be safe to serve, safe for the next day. Half cup of peaches in syrup—light syrup—milk, and graham crackers, add some mustard, mayo, and if you have access, lettuce, tomato, and pickle. I know that they're not always available right now. So that's how you would set up a program to have a hot meal and a cold meal bag that you might serve. So you can think of all kinds of ways, you know how to do this.

So what are restaurant voucher programs? They're a program that allows an elder to receive a meal, a pre-selected meal from a healthy menu, say I have a menu with—they could select menu one, menu two, or menu three, and you have an arrangement with your local restaurant or grocery store. In order to do this, you have to make an agreement with that restaurant or grocery store to have a nutritious meal at a set price to an eligible elder and the agreement has to have it for a specific length of time. You might want to do it for a month. You might want to do it for two months. We don't know how long this is going to last. But this gives you another way to do meals if, for example, your tribe has completely closed down the kitchen so that you can't have access.

It also allows your local restaurant or grocery store to maintain business and stay in business. You could do this and work with your local deli, the deli restaurant part, the deli part

of your grocery store to do a cold meal, to do coleslaw, to have things such as V8, to have milk, to have a piece of fruit. You could do a couple of different—and they could have a choice between a roast beef sandwich or chicken-and-cheese sandwich or a tuna salad sandwich. You could figure out how to do this because we have a tip sheet on how to do this on the website for the National Resource Center on Nutrition and Aging.

And this has been done on the Title III side for many years. I know it's completely new, I think, in general to the Title VI side. So if you're going to do a restaurant menu, these are the things you do and do not do; include three to four ounces of protein, one to two servings of vegetables, one to two servings of bread or grain, a serving of fruit, a cup of milk, coffee, and tea, just like you do when you have a regular Title VI menu. Things you do not do; French fries. Why? For two reasons, one, we don't need all that fat, but number two, French fries are not good if they are taken and served, you know, even 10-15 minutes away. They get kind of cold, limp, crumbly tasting.

You also don't need those chips, which are high fat and high salt, or snack foods like snack crackers or candy bars. They don't give you that much nutrition, they just give you calories. And what did we say about what health conditions people have? They are overweight or obese, they have high blood pressure, and that can be managed by minimizing or decreasing sodium. They have diabetes, that's why you don't need these candy bars, the crackers, the sugary beverages like soda, the sugary desserts like pie, cake, or cookies. You know, again, people have high blood pressure, they have diabetes, they have overweight or obese, these are things we need to minimize to help them manage that condition. And when we help them manage those conditions, we help keep them healthy, so they are easier to fight off COVID-19.

So we're asked, we have had to shut down our program, we don't have any shelf-stable meals, the grocery stores doesn't have enough food for us, what do we do, can we buy groceries? And the answer is yes. But remember that needs assessment, what are the health needs of your elders? So assemble a nutrient-packed, whole foods, and avoid lower nutritional value foods like high sodium lunch meats or snack foods like chips and added sugars like cookies and soda.

So things like bread, cereal, grains, and these are the things you might want to put in that bag, breads and cereals, corn or whole wheat tortillas, whole grain English muffins, bagels, whole grain bread, oatmeal, or dry cereal like toasted oats or bran flakes or shredded wheat or rice or pasta or flour or cornmeal, and sauces like tomato sauce and salsa, lower sodium salsas, and fruit. Fresh fruit, if you can get it, things that keep well, apples, oranges, or dried fruit or fruit canned in their own juices or in water or in light syrup. 100% fruit juice or vegetables. Again, lower sodium, if canned. Many vegetables these days come in those lower sodium packaging.

Again, sturdy vegetables that last, like potatoes, celery, carrots. Plain canned vegetables, plain canned tomato products, and low sodium canned vegetable and tomato juices, all of these foods are packed with good nutrition. And then there are the protein foods, soups, stews, and dairy and dairy alternates. Again, dried or lower sodium canned beans, canned fish, canned meat, peanut butter, eggs, or powdered. Now, most of the time, you're not going to buy powdered eggs on the regular retail market, but you could have them included in a box, a grocery bag box or bag, if you're coordinating with food distribution on Indian reservations. That program still provides powdered eggs just like they provide powdered milk.

So both of those, if you're coordinating, you can get bags of groceries for your older adults using those programs if they are available, and if your participants have signed up for them. If not, you can use fresh eggs, most people would prefer them, anyway. Soups, stews, again, the various ones that are available that are higher in protein, or allow people to make their own things that are also good nutritious food, like broths, chicken and beef, since you're not providing them with the kinds of fresh meat that they would use to make their own beef broth or chicken broth or bone broth.

So what else? What else is important when you're putting together a bag or box of groceries? Packages that are easy to open, foods that are simple to prepare, boxes or bags that elders can lift. Why? Because elders have multiple impairments. They tire easily. They may have difficulty in bending and carrying heavy things. And this relates to how you deliver things. For example, if you're delivering a home-delivered meal, you may want to hang it on the door handle, or you may want to—so that an elder can come out with less contact and pick that bag up and take it in.

But if it's a solid one, you may want to take something like a Styrofoam cooler, put it next to the door, put the meal on it or the box, call the elder so they can come and get it, and then take your cooler back so they don't have to bend over so far. There have been reports on the Title III side of boxes and things being delivered and elders falling because things were too heavy. They were placed on the floor, on the porch, elder bent over, and the elder fell. Again, you have elders who have issues, so try to make it as easy as possible. And make sure you're delivering foods that can either be stored in a working refrigerator or a pantry with sufficient space.

And do boxes of groceries count as meals? We've had that question, and the answer is no. Right now, boxes of food do not count as meals, and ACL has no method to count them as meals. And people are going to say, and how are we going to report all this money from the COVID supplemental funding that we're getting, how do we report that? We're used to reporting meals. And the answer is I don't know. Reporting requirements for the supplemental funding will be released soon, and so Jasmine might be able to answer that. I know it's getting closer to that answer from my conversations with people, but we want to have things auditable, but we also don't want to make it overcomplicated for you right now because you're overwhelmed as it is. You're overstressed. But we do need to be accountable for these funds.

So what happens? The elders living with other family members, and we've been asked, can we provide the whole family with a larger bag of groceries? And the answer is no. The Title VI Program is designed to provide meals and food for eligible elders, not their entire family. So what do you do about the rest of those people? They're hungry. We suggest that you help them apply for these programs, for USDA food assistance programs. If they aren't receiving FDPIR, help them sign up, or as the alternative, SNAP or food stamps, the emergency food assistance programs, food banks, and food pantries. And the last one is the Commodity Supplemental Food Program. That one is only available by reservation, so that is not as large as the rest of these. All the rest of these programs are available to your elders.

So let me talk about social contact. Loneliness is real. Social contact is essential for all of us. We are social beings. Our bodies respond to decreased contact. It's not just the mental and spiritual and cognitive health aspects that we have, research has also shown that social isolation has healthcare consequences. Lacking social connections is like smoking 15 cigarettes

a day. Research also has shown that loneliness increases the risk of death by 26%. This is what happens in normal situations, and this is not a normal time. So that social contact that you have and that you have the capability of providing to elders is very, very important.

So how do we do this? As part of your funding for the nutrition program, you need to continue wellbeing checks, you need to encourage healthy habits, encourage activity, physical, cognitive, crafting, all those kinds of things that make part of our life what it is that we do. And here's some suggestions. The first one talks about spiritual wellbeing and caring for older adults from the Humanitarian Disaster Institute. On the state side, the ADvancing States organization has compiled a report on social isolation and has ideas for what you might want to do and transfer to some of your programs.

And if you have technology, the National Council on Aging has come up with a nice little how-to guide for tools for, you know, reaching remote audiences. Now, I'm not sure about how many of you do zoom really well, but it's those kinds of things that might be available that you might have access to. But if you don't have all that access to technology, most of you have access to a telephone, and that's what's really important, is having that call with an elder every day, every other day, a couple of times a week.

So let's look at some basic nutrition questions. First of all, what are the requirements of the Nutrition Program? What are the nutrition requirements? Meals are to meet the Dietary Guidelines for Americans, dietary reference intakes, food safety codes, be appealing, and if practical, meet special needs. So how do we do that now? That's difficult. So what are we doing? Do all these emergency meals, these bags of groceries have to meet those requirements? The answer is no. Congress waived the requirements but said no—[audio scratches]—less than 534 calories. The National Resource Center on Nutrition and Aging will be posting a tip sheet on how you can do that.

And just for your information, you could give them two candy bars and you'd meet 534 calories, but those two candy bars would not be good for people with diabetes or high blood pressure or obesity. It's not going to help them fight off COVID-19, and so we're going to come up with some information to help you do that. We encourage you to provide safe, adequate, healthy food so people stay healthy. So if you want to know what you're required to do based on what your funding source is on, the Nutrition Resource Center has this table on nutrition and aging, and you go on their webpage, and you go to the righthand side of the webpage, and you have this table that tells you what information and what requirements you have to meet depending on your funding.

You just click on the DRIs and DGAs column or row, and that tells you. But you don't have to do that. I've told you that. So this is what [unintelligible] to meet. Your extension funds have to meet the DGAs and the DRIs. So if you're using funds for meals under your extension, they still have to meet those requirements, so you may want to use those funds for other services. Your two emergency funding sources do not have to meet those requirements. And your last one, your regular Title VI funding does have to meet the requirements for the meals of the DGAs and DRIs.

We've also been asked, can older—can disabled adults who say, a 37-year-old with a disability who lives alone, and he needs a meal, can we provide him a meal with Title VI funds? And the answer is no. It's no different than when you had a regular Title VI program, Congress didn't waive the basic eligibility criteria. This is the stuff from the law. You can serve an elder

regardless, you know, tribally determined age, a spouse regardless of age and ethnicity, dependents with disabilities who live with an elder, volunteers of any age, individuals who are disabled and reside in a building occupied by elders where congregate meals were served.

Or this is a way to help with some of the disabled population; for example, if you have a caregiver, a mother has her adult disabled son living with her, and the mother is a caregiver for the grandmother, but the grandmother doesn't live with either one of them. But to help that caregiver, the mother, who is providing caregiving services, you could provide a meal to that mother and her disabled son because they're caring for the grandmother, and so you could fund it as a caregiver service. For some of these other individuals that we can't provide service for, we can refer them to the Centers for Independent Living Assistance or refer them to USDA programs.

And then we've been asked, can we provide gift cards to purchase groceries? ACL doesn't recommend that because there are challenges in security and accounting. Based on ACL experience, expenditures for gift cards have sometimes been disallowed at audits, so if you want to do that or what ACL's experience is on this, look on the ACL website for olderindians.acl.gov for more specific information. How about meal cost? We've been asked, well, the fiscal office won't allow us to do some of this stuff, they allotted so much money for the program, and our costs have gone up. Yeah, your costs really have gone up, and they've gone up for really good reasons, because you're buying more food, the food cost may be more, there's equipment, there are supply costs, you have increased staff cost because you have more staff because you may have fewer volunteers or your staff are working longer hours.

So I think you and your fiscal office need to renegotiate those costs and the total spending to make sure that you're meeting the needs of elders based on the new funding that you're getting. We've also been asked that people can't get frozen meals from suppliers, can you make your own? Of course you can. You can make your own meals. What you have to do, though, is make sure you do it safely. You have to use your basic food safety and sanitation procedures, and then, at a minimum, you cook your food, you cool it in a shallow pan in the refrigerator, then you portion out your cold food into participant containers, seal the containers, and then place them in the freezer.

Part of this has to do with making sure you check so that your food does not go into the temperature danger zone. Never put hot food in the freezer because that's going to throw the whole freezer off, it's going to take longer to freeze, and your food is going to remain in the temperature danger zone longer. Now, people say, well, no, I want to take the hot food, and I want to portion it out, and then I'll just stack these little trays in the refrigerator and let them cool down that way. Well, you could do that, but it's just like putting a large container of hot food in the refrigerator, it takes a long time for that tall hot container to cool down. It's better to cool your food first in shallow pans so it cools more quickly. And then think about the food that you're freezing. Some foods freeze better than others, and some products made with creams and gravies sometimes don't come out as well because they separate.

What about PPE? Well, first of all, nutrition programs should use their usual procedures for safe and sanitary production, like food service gloves. Because of social distancing, if you're producing meals in the kitchen, and personnel are close in the kitchen, you might want to separate your kitchen personnel doing specific tasks. For example, you may want to have

people putting together cold meals in one side of your kitchen and people doing the hot food at the other.

You may want to use masks that you have either homemade or bought and use your gloves and put together your meals. When you distribute the meals, you want as contactless as possible. You also may want to wear masks. You may not and probably don't want to be using gloves in that situation because, if you did, every time you delivered something, you'd take off your food services gloves and have to put on new ones. So what I would suggest is wash your hands as much as possible and use sanitizer when you can't wash your hands and follow recommendations from your tribal health department and CDC guidance. So take a breath now and plan.

You have been doing a lot of really important stuff. This is a crisis, and you have been really good at doing this program. We've learned so much from the information that you send to us. We know it's been hard. It's been going on for over a month now, and it's been hard. What have you learned? What are you good at? What are you not so good at? What are the gaps in your program? And that's what you will have learned, and that's very important. So given what you've learned, how do you revise your emergency planning? Also, as you transition back to a new normal, what's it going to look like?

Will you be implementing nutrition voucher—er, restaurant voucher programs? For example, what if people don't want to come back? What if your staff and volunteers are reluctant to come back? You've had multigenerational programs, are you going to still want to do them? One of the suggestions you might have as you're coming back is you may want to have fewer people at your congregate site at a time. For example, if you had a table that had six people, you may now only want to sit three people at a table. And if meals always started at noon, you might want to have two sets of timing for meals. Maybe one meal starts at 11:30 and the next one starts at 1:00.

Or will you have more home-delivered meals, and if so, do you have functional equipment, staff, volunteers to make this happen? Think ahead, will you need more home-delivered meal carriers? Do you have the freezer capacity? Do you need to use your money to buy a freezer or carriers? Think ahead because your money lasts until September 30th, 2021. This is not a sprint, it's a marathon. And one of the things is, and this is when I was in graduate school, my graduate advisor said, such a challenge, such an opportunity. And I remember her phrasing because she said it to all of us, but that really is what this is all about, you have a chance to re-think your program. One of the sources that I have found that is useful rethinking programs is this community toolbox, and I've put down the URL for it, because they've used their basic toolbox, and they have put in some ways to think about, how do you do your program now and in the future.

So what are your resources? ACL, COVID-19, Older Indians, the National Resource Center on Nutrition and Aging, CDC, and Indian Health Services. Those are all the URLs. I would start with the first two because that's—and especially Older Indians—but that's where we try to answer your questions. And this is who you contact if you have questions, your regional office staff, and I hope you know all of them because they can all be really helpful. Or how about the Central Office staff? Cynthia or Jasmine. Again, this is all of their contact information.

And I just thought I'd end with Cynthia's idea of things. Now, Cynthia, if you don't know her very well, grew up on a farm. It was a family farm. They raised cattle, and so steak is

essentially part of what Cynthia eats. And so when the doctor told her she needed to eat more fish, this is what Cynthia's version of eat more fish is like. And so any suggestions you have for us or questions, I'd be glad to help answer them, and so would Jasmine, but I want to remind you and your elders to stay at home because we deliver. And so thank you very much, and I'll turn this back over to the operator and to Jasmine for any questions.

OPERATOR: Thank you. At this time, if you do have any questions or comments, you may press star-one. Please unmute your phone and state your first and last name when prompted. Again, that is star-one if you do have any questions or comments. [Pause] One moment—

JASMINE APLIN: This is Jasmine Aplin, and—oh, no, I was . . . sorry.

OPERATOR: Ellie, your line is open.

ELLIE: Hi. Jean, I just wanted to thank you very much for your presentation; it was wonderful. I got a lot of good ideas and things I hadn't even thought of before, so I appreciate that.

JEAN LLOYD: Well, thank you. Do you have any other suggestions for us about things that you have been doing or thought of that might be helpful for all the rest of us to know about?

ELLIE: Just probably the usual; just we're doing bags of groceries, we're doing the home-delivered meals, the pickup meals, and I love the idea about meeting with grocery stores and getting—because I had asked about getting gift cards, and they said that wasn't allowed. But what I wanted it for was for so they could buy their own groceries because it wasn't feasible for us to get everybody everything all the time. So—but I love the idea of going in and having a contract with a grocery store to get them the meals that they need.

JEAN LLOYD: And like I said, I think that's a real feasible idea, and working with the deli part or working with the grocery store, you can do a meal that might be cold or might be hot, and trying to keep it as healthy as possible, working out one or two menus.

ELLIE: Yes, great.

JEAN LLOYD: What people have done in Title III programs is when they start to offer this, they make sure everybody is aware of it, they do something like give everybody a number. So, for example, an elder might come in with their family member and order meal number 1, and they're number is 15. And so the grocery store can check off that they did this meal for eligible person number 15. So you work out something. Some people have done sophisticated things with like telephone apps and stuff like that, but you need to work out a contract and you need to work out a way to do that. The elder never has to pay anything.

ELLIE: Right.

JEAN LLOYD: It's a contract between you and the grocery store, and you need to have a way to identify the elders, and you need to have a way to come to an agreed price as to what you're going to pay for that meal.

ELLIE: Very good. Thank you. And a question unrelated, did you—are you—were you a California State dietician?

JEAN LLOYD: No, but I did know the person who used to work, Barbara Estrada used to work in the State of California. I worked at State in Ohio for a number of years, and then I worked at ACL for 23, both on the Title III and Title VI side.

ELLIE: Okay.

JEAN LLOYD: And before that, I actually did run a kitchen.

ELLIE: Uh-huh. It was about 30 years ago that—when I worked in Garberville, and the state dietician—but I thought her name was Jean Lloyd, but obviously it wasn't.

[Chuckling]

JEAN LLOYD: Thanks!

ELLIE: Anyway, thank you.

JEAN LLOYD: Mm-hmm.

OPERATOR: Thank you. And once again, that is star-one if you would like to ask a question. Our next question comes from Erica Kowalski, you may go ahead.

ERICA KOWALSKI: Hi. I just wanted to clarify that any pickup meals that we've converted from congregate meals are now counted as home-delivered meals, is that correct?

JEAN LLOYD: Yes, you are correct. That's counted as home-delivered because you're not eating them in a congregate setting.

ERICA KOWALSKI: Okay.

JEAN LLOYD: Let me clarify that, I mean that is right now. I think we need to think about, too, and I have no idea how this is going to progress, as people are not going to be willing or may be hesitant about coming back to a congregate site completely is we need to think about new ways to do the congregate program as well. So right now, if you're providing meals, they're home delivered. Because I've been around in this program for 30-some years, I remember when it first started, and when it first started, they had things that they call luncheon clubs, and so even if people were neighbors and they were close enough and they could get together for a

congregate meal but they couldn't get—meaning they got their home-delivered meals delivered but they could eat at each other's houses.

Or if they were in housing facilities, they could go to each other's apartments, and they had what was called luncheon clubs. And these were in the late '70s. And so even though the meal was delivered to their home like we would think of as home-delivered, because they got together in a group, those were counted as congregate meals. And this is a long time ago. We may be starting to think about things like that right now. So thinking about, how do we provide meals with social distancing in a different way is something we may want to consider.

ERICA KOWALSKI: Thank you.

JEAN LLOYD: You're welcome.

OPERATOR: Thank you. Our next question comes from Terrance Manuelito. You may go ahead.

TERRANCE MANUELITO: Hi, good afternoon. So kind of following up with what Erica just stated regarding the conversion of home-delivered meals, I had a question regarding those grab-and-go participants, are they required to fill out the assessment form for the home-delivered meals as well?

JEAN LLOYD: That's something that's entirely your decision at this point in time as a tribal decision. If you are using—it depends on what source of funding you're using, and I don't know what they are going to be requiring for reporting for the meals under FFCRA or under CARES data collection. If you're using your regular Title VI funding, you may want to continue to have an abbreviated form so that you can report meals and numbers. If you're using either your Title VI extension funding or the last source of funding, which is your new Title VI funding, but in between you have a lot more new funding, and I think that reporting is still kind of fluid. Maybe Jasmine would like to talk about what that reporting is looking like.

JASMINE APLIN: For the new Title VI funding? So—

JEAN LLOYD: Not for the new Title VI funding but for the CARES funding and the FFCRA funding, what kind of reporting, are they going to have to report meals or people, what are they going to have to report?

JASMINE APLIN: So this is Jasmine. So what we're saying is I think we're going to—we think we're kind of still in process of figuring all that out, and we're just wanting everybody to document the sources of funding. I can follow up and get that information. I can make an announcement for that on the Friday call. I just don't—I'm not 100% sure, so I don't to say with any definitiveness, but I'm going to make a note, and then we'll try to get that announcement on Friday, if that's okay.

TERRANCE MANUELITO: Yeah, that's—

JEAN LLOYD: Terrance, did that answer your question?

TERRANCE MANUELITO: Yeah, that does. And just I'm sure you guys are already going to be doing this, but if it's possible to actually provide these slides once the webinar is over, that'd be great.

JASMINE APLIN: So, yeah, this is Jasmine, I think the call is recorded, and we can work on the slides, too, so that's—we'll—thank you for that comment.

TERRANCE MANUELITO: Thank you.

JEAN LLOYD: It's my understanding that it takes about two weeks for the slides to get placed on Older Indians because they have to do what's called 509 compliance to make sure it's accessible to people with various kinds of disabilities, like people who are either blind or people who may have some hearing difficulties or making the size of the type larger, etcetera, etcetera, so it takes them a couple of weeks to get all that compliance done, but they will be available.

OPERATOR: Thank you. And once again, that is star-one if you would like to ask a question. Our next question comes from Cynthia. You may go ahead.

CYNTHIA LACOUNTE: Hello, everyone. Thank you for calling in, and thank you, Jean Lloyd, for another wonderful, very informative webinar. I chuckled when I'm not sure who was asking, if you or somebody else, because to everybody on this call, there is only one Jean L. Lloyd. Jean, I also wanted to let you know that I just found a piece of gum on the bottom of my purse and there's still some flavor in it.

JEAN LLOYD: Oh, God!

[Laughter]

CYNTHIA LACOUNTE: I had to add a bit of humor to it this afternoon. I want to respond to the last three comments or questions. One, I want to clarify, I'm not sure who asked, but about home-delivered meals and congregate meals and how we count them, please count your home-delivered meals to your same home-delivered clients. That same group that's homebound and frail and that you would be providing home-delivered services to anyway, those continue to be home-delivered. They may not be meals as we're changing, as Jean said, you may be sending home food and making sure the caregivers are preparing that food, but we still got our home-delivered meals clients. Then we still have our congregate meals clients who, under normal circumstances, would be coming into your senior center and enjoying a meal there and socialization and activities at your center. So we've still got our two separate clients.

However, for the most part, some of you are still providing meals, they might have changed from a meal you're going to eat in the senior center to a meal that you're going to

hand on the curb as they drive by in their pickup truck. If they're still eating in a senior center, of course, that's still a congregate meal. If you're handing them a meal as they're driving by, that's not a congregate meal, it's not quite a home-delivered meal, it's another meal for right now, but just the important thing is to separate your home-delivered clients from your regular congregate-meals clients, and as Jasmine said, that we're recording what we're doing. If we're really sending out meals, then let's report them as that. If we're sending out groceries, then let's count it as food, but keep the different clients separate.

There was also a mention about assessments for all the meals—assessments on the clients for all the meals you're sending out; that, as Jean said, is a tribal decision. However, I wouldn't worry a whole lot about doing assessments on these congregate clients that you're filling in with meals now, unless they've become frail and elder—er, frail and have the needs of a home-delivered client. However, please still do an intake form on them. You still need to track that you're giving food out or meals or whatever services out to eligible clients, and the way you do that is through your intake forms. You might want to do an abbreviated intake form from what you would do on a normal basis, but please do some kind of an intake form and an intake on these clients so that, if you're audited, you can verify that you were serving Title VI eligible persons.

We also talked a bit about the reports. As Jasmine said, we're still polishing those up as we get further instructions from—we get further orders from headquarters and we've sent out additional information about that. If you have questions about reporting or you have questions about expenditures, you can contact any of us, and we can also send out our cheat sheets and our information that will help you sort through these different categories. And then someone also mentioned—there was questions about the slides, and I see here on the chat people are asking for them. As Jean said, it takes Teya about two weeks to get them posted on Older Indians. If you need them in the meantime, send an email to any of us, and we can shoot out the slides. All right, I'll put my gum back in my mouth and enjoy the rest of the flavor. It's all up to you, Jean Lloyd, thank you. [Chuckles]

JEAN LLOYD: Cynthia, you continue to amaze me.

[Laughter]

JEAN LLOYD: And I think all the rest of the people on the call.

[Chuckling]

CYNTHIA LACOUNTE: Thank you.

OPERATOR: Once again, that is star-one if you would like to ask a question. Darin Zotigh, you may go ahead.

DARIN ZOTIGH: Yes, hello, my name is Darren Zoti, with the Kiowa Tribe. I have some of our participants who were once homebound who we now deliver to, and I've asked them to put like a red tie or a red ribbon or something on their door or front window to indicate to us if they

needed help or a green one to let us know if they were okay when we delivered the food so that there wouldn't be any contact unless it was necessary. And then we would call them, if they indicated a red ribbon in their door or front window. But some of them don't have phones, is it permissible to buy them a cheap phone or something just so we can correspond with them?

JASMINE APLIN: So, hi, this is Jasmine. So if you're talking—I believe that would be permissible because you're talking about it for being in response to your COVID activities. Again, funding is supposed to be very fluid—er, not fluid—very liberal and allowing you to see how you would be able to respond. That's a good question, I will say. You win for most interesting question of the day. And so I would think that we could allow that. And if it's not, I will put a stop to—I will let you know separately, but I think that we can definitely allow it because it's in response to COVID activities.

DARIN ZOTIGH: Thank you.

JEAN LLOYD: So this is Jean. I think it's a great idea about putting on the different colored ribbons, but I also agree with you that helping, making sure you have some other kind of contact with them is also very helpful, and especially for emergencies. So I think that's a really good question and would, to me, be very important to maintain that social contact and that extra check on elders right now during this time.

DARIN ZOTIGH: Good, thank you.

OPERATOR: Thank you. And once again, that is star-one if you would like to ask a question. [Pause] One moment, please. Ellie Kissick, your line is open.

ELLIE KISSICK: Hi, again. Sorry, my phone battery died, so I had to change phones, and so I missed something about the ribbons and what a great idea it was, and I would like for you to repeat it, please.

JEAN LLOYD: Okay, this is Jean. Darren Zoti said that what he is doing now for his home-delivered clients is that they have red ribbons and green ribbons that, when they go to deliver a meal, if the client needs some additional help, he has asked them to put a red ribbon out on the door handle to indicate that they need help. If they do not need any help, he has a green ribbon out there so that they know that the elder does not need any more help as they're trying to have contactless service as much as possible. I hope I represent that right, Darren?

ELLIE KISSICK: Well, that sounds good. I appreciate that. Thank you very much.

OPERATOR: Thank you. And once again, that is star-one if you would like to ask a question. One moment, please. Scott, your line is open, sir.

SCOTT: Hi, this is Scott, with the Ho Chunk Nation here in Wisconsin. The problem we're running into, we're serving more clients now, is our refrigerator and freezer storage space. Is it possible to use the CARES funding or the Families First funding to maybe order a small additional, you know, standup freezer or standup cooler for the kitchen?

JEAN LLOYD: Yes.

JASMINE LLOYD: So this is Jasmine—er, yeah. And, yeah, I'm sorry, I was just going to jump in and say yes—

JEAN LLOYD: Go on, Jasmine.

JASMINE APLIN: Sorry, Jean. I'm sorry. I was like, one I actually know, I have to get through, I have to earn my paycheck!

JEAN LLOYD: Yes, tell him how.

JASMINE APLIN: Okay, yes, so if this is a purchase that is over \$5,000, you are going to have to go through the large purchase procedure. However, we have waved the need for that to have three bids. So you only need to have one bid at this point, you'll send it to your RA, they'll send it to our office, and we'll get it to the Grants Office. You can—however, we do—the buy-American requirement is still in place, so please remember to keep that in mind as you're searching for bids.

The other things we'll say is you mentioned CARES funding, you can also use your FFCR funding for that, so, you know, and you can use your regular Title VI funding, including your no-cost extension funding. So as Jean mentioned earlier in the call, we encourage you to use your FY19 no-cost extension funding first because that funding will expire first. So if you do want to make that purchase, please feel free to do so, we just encourage you to think about using the funding that will expire first so that we can get that spent down.

SCOTT: All right, thank you

JEAN LLOYD: And this is Jean again. I think that's a great question, Scott, because it shows that you're thinking ahead not only for what you need to know now and do now because you have more clients needing more services, but also thinking ahead as to what they might be needing in September of this year or December of this year or March of next year. Thinking ahead, you know, this is a time for you to think ahead about redoing your emergency plan, rethinking how you do your services and do you need to update all of that stuff, and one of things that you have identified as a gap right now is that you need more freezer and refrigerator space. So I think that's a great question and a great way of thinking ahead.

OPERATOR: Thank you. And at this time, we're showing no further questions.

JASMINE APLIN: So this is Jasmine. Can I ask if there are any questions in the chat box that have not been responded to yet?

LAURA STEVENSON: Hi, Jasmine. Laura Stevenson from Teya Services, so far no, just the questions about the PowerPoint presentation. One thing we did for the last webinar which maybe we could do is just include this PowerPoint in the Friday blast, so that would be an option if you'd like to do that so everybody can get it sooner than the two weeks.

OPERATOR: We do have a few more audio questions. Would you like to take those?

JASMINE APLIN: Yes, please.

OPERATOR: Alicia Stewart, you may go ahead.

ELISHIA STEWART: Hello, my name is Alicia Stewart, in Tulalip Tribes of Washington State. I just had a question in regard to the possible grocery store pickup or the restaurant pickup. We currently have—we actually closed our doors on April—er, March 6th to activities and began meal delivery only and had continued that. Our entire tribal government and gaming industry have been furloughed, so we are on limited staff, but we continue to prepare and deliver two meals a day, five days a week. So the weekends, is that a possibility to do, you know, like maybe one or two meals a day for all the qualifying members? We currently right now are serving 234 meals a day. I just—is that something we can do on the weekends? I know some people don't cook, and some people do have caregivers that may be able to assist, I just want to be sure we're moving in a good direction with the funding.

JEAN LLOYD: This is Jean. I think that is a great idea because, at this point in time—and also think through the length of time you would like to be doing this for, if it's something that you—[audio scratches]—be doing it for a month or two months, so that when you negotiate that contract with the grocery store or with a restaurant, you have a contract that has some terms in it. And you might want to talk to your fiscal staff about how they do that. It's no different in developing a contract like this that you would develop a contract with, say, a food vendor or somebody else, but I think it's a great idea to figure out a way to provide services on weekends.

And that's also been a way that's been done on the Title III side for years is that people have used this kind of restaurant voucher program, they'll go to a congregate site, and this is in the past, they would go to a congregate site four or five days a week, and they'd use a restaurant voucher on the weekends for that service. So I think that's a great idea, it's been done before, and just be careful about how you write up your contract, but I think it's a real good idea.

ELISHIA STEWART: Thank you. Yeah, we are going to be—we're shutdown until at least May 31st. we know that for sure.

JEAN LLOYD: Yeah. So you—

ELISHIA STEWART: Go ahead, sorry.

JEAN LLOYD: So you may want to think about if it—do you want to do it from, you know, now until then and have some kind of renewal clause in it? So based on your experience, you could renew it, it depends on how you want to do it, or do you want to think about it for something through June because you will be going through a transition period? But what people often have, especially in shorter-term contracts, is some kind of renewal timeframe so that both you and the business can adequately plan for this. And that's what you talk about, negotiations, it's how long they might think they need to have food for their transition time for how they would do it and then how long it would last and is it worth their time—

ELISHIA STEWART: Right.

JEAN LLOYD: —for a month or four months or five months, whatever.

ELISHIA STEWART: Yeah, I'm guessing we're going to—because we're—it's a—I know our tribal leadership is talking about, how do we come back? And it's going to be in phases, you know, and so I feel like because we work with, you know, our most vulnerable population in regard to the COVID-19, we are going to have a real slow transition, so I feel like our program, this is going to be the status quo for a while. And we are struggling with the socialization, so us as a tribe have been discussing that as well on how do we care for our elders, so if anybody has any suggestions they want to share as far as, you know, how we're reaching people on a social level and just, you know, taking care of the mental health piece, I'm open to that suggestion. Even though that this conversation isn't a part of that, but if it ever comes up for good suggestions, we are so open for that.

JEAN LLOYD: And I want to reinforce that if other people have come up with good ways to do that, I think that's very important because it's a very important part of this program, and it's very important for mental health as well as physical health. You know, social isolation has—you can document detrimental physical consequences of social isolation that would have elders be more at risk. So I think that's a good idea to figure out how to do that.

ELISHIA STEWART: Thank you all for your expertise and your support. We appreciate these phone calls. Thank you.

OPERATOR: Thank you. And we do have a few more questions. Rebecca Matuz, you may go ahead.

REBECCA: Thank you. This is Rebecca, and I'm with the Pascua Yaqui Tribe of Arizona, and I just needed for planning purposes on our end for the CARE funds, will all the tribes under Title VI receive the funding or will we need to apply for them?

JASMINE APLIN: Hi, this is Jasmine, and that's a fabulous question. So the answer is all of the tribes under Title VI did receive CARE funding. That funding should've gone out yesterday, so if

you have not received that, can you please reach out to your regional administrator or somebody in the Central Office so we can help track that down? But the answer is that tribes that are Title VI funded did receive CARE funding, no application required.

REBECCA: Thank you.

OPERATOR: Thank you. Our next question comes from Melanie Black Bull, you may go ahead.

MELANIE: Yes, good afternoon. I had questions. We are on total lockdown, and I believe our council met and it extended it for another 30 days. However, my staff, we serve over 700 elders, and we have probably about 2,700 who would qualify for our services, so we're still continuing with allowing them to participate in the program, getting their information, you know, allergies, what have you, and we're doing home deliveries. But I had a question, you mentioned in your—because I only have one staff at every site, we're doing like cans of soup, fruit bars, fruit, milk, juice, stuff like this, does that qualify underneath—I know you mentioned—you said—you mentioned food boxes, would we still be within the parameters of allowability?

JEAN LLOYD: Yes.

MELANIE: Okay.

JEAN LLOYD: You can—one of the things on the slides that I tried to do was that, if you are going to put together a food box, think about putting together a food box of good, wholesome, nutritious foods.

MELANIE: Yeah.

JEAN LLOYD: Such as, you know, when you're talking about cans of fruit, if you want to supply fresh fruits and vegetables if that's possible, doing things that last a while and are not going to get as bruised, things like potatoes, things like apples and oranges, things like putting together cans of chili, beef hash, cans of vegetables that are in lower sodium ones. Yes, you could put together a box. Again, when you're thinking about this, think about how heavy it would be for an elder to lift, you know, what would be the best way, it's better in a bag or a box. Think about making sure the packaging is something that they can handle. And think about providing wholesome foods that they could prepare simply. So things like you're doing now like cans of soup are fine. Trying to do it is if they're lower sodium is even better, but try to put together things that are nutritious, wholesome food. And, yes, you can do that.

MELANIE: And the other thing I like, what [unintelligible]—the individual from [unintelligible], what he stated, is utilizing some kind of method. But because we're in such a rural area, there is a program that I'm looking at now where we'll give a call to all of our elders. It's kind of like school outreach, but we're utilizing it for elder outreach, so those who have phones will receive

a call and we'll let them know when our deliveries will be done and if they have any concerns, questions.

And we're collaborating with the other entities, you know, these are the numbers you need to call if you need your food delivered to your house or if someone can pick up your mail or if someone needs emergency assistance. It's kind of like a system like outreach, school outreach, and that's what we're going to be setting up on our reservation for our elders. So I just wanted to pass that along; it really works wonderful for the schools, and now we're trying to set that up for all of our elders on our reservation, so at least every Monday they'll get a call from our program.

OPERATOR: Thank you.

JEAN LLOYD: Great call. Great idea.

OPERATOR: Thank you. Our next question comes from Terrance Manuelito, you may go ahead.

TERRANCE MANUELITO: Hi. So regarding this additional funding that tribes are receiving, so hypothetically speaking, does like, say, like kitchen equipment that, you know, we haven't been able to upgrade for some time now, and now we have that ability with additional funding, like say for instance, replacing a stove or refrigerator, are those types of things allowable under this new funding if we have additional funding remaining once we get to that point next year in 2021 or now?

JASMINE APLIN: So this is Jasmine, and the answer is yes, those things are allowable using your supplemental funding as well as your regular Title VI funding. The other—the only thing I will say—and you would absolutely have to go through the large purchase request process, which we talked about earlier, so again only need one bid, please remember the buy-American requirement, send it to your RA, etcetera, etcetera. The other thing that I'm going to caveat is we do have CARES—you had CARES funding come out, you had FFCR funding, we might be getting funding through this next supplement. You know, we're—there's still potential for more, but we also have to keep in mind that, like Jean has said a couple of a times, this is a marathon and not a sprint, so we just want to make sure that we have it available. So it's kind of a double-edged sword, right? We want you to spend your funding, we don't want it left over, but we definitely want to make sure that, if this marathon is longer than 26 miles, that we can keep running.

TERRANCE MANUELITO: Okay.

JEAN LLOYD: And this is Jean about prioritizing what kind of equipment that you buy. I mean, you—some of your equipment obviously is longer and older and has had longer use, so as you're thinking about what kinds of ways to upgrade, think about what needs you have to have most and what would be best for doing this for the long term, and especially if you're going to be changing how you do service because you may have more people to cook for, so maybe it's

the stove, but you maybe need more storage, so maybe it's the refrigerator or the freezer. I don't know that, but you need to think about and look at what you want to prioritize first and then make sure you—those other needs are met but then prioritize this within that as well.

TERRANCE MANUELITO: And that's what kind of like stemmed from this conversation is that, you know, we utilize several different stoves and ovens, and one is working at half capacity, and if they could get the full oven working, then it would probably provide us with the ability to continue providing those meals to our clients.

JEAN LLOYD: And that's a good idea. I would also say, from the expense of somebody who's worked in the kitchen, if you have really old stoves, they are using a lot of electricity, you're using a lot more staff time to get some things done because they don't work as well, so that may be a first priority to help you cook more efficiently and use your staff more effectively and also cut down on your electricity bills, if you're prioritizing that as a first kind of thing. Just looking at your staff management and your cooking management in your facility and how you do your production.

TERRANCE MANUELITO: Thank you.

OPERATOR: And as a reminder, that is star-one if you would like to ask a question or if you do have any comments. Our next question comes from Geraldine Vallo. You may go ahead.

GERALDINE VALLO: Good afternoon, everybody. I'm calling from the Pueblo of Acoma Senior Center, and my question is pretty much the same as what Mr. Manuelito asked, but mine is as far as a food delivery vehicle or either purchasing large ice chests. We only used to have two routes for food delivery, and now we have increased to five, so the need is there, and I do recall the large purchase request information that Jasmine has spoken about, but I don't think I got all the information, so if you could please repeat that.

JASMINE APLIN: Yep, so, hi, this is Jasmine. So large purchase requests are for purchase over \$5,000. This is for any source of funding, so we know you have multiple sources coming in right now, any source of funding that is over \$5,000, something that's going to be used for one purchase, please make sure you submit a large purchase request. To do a large purchase request, you're going to have to submit one bid right now, it's usually three, but we got—we have a waiver because of the disaster, so we only need one bid.

Please make sure the item that you're purchasing is American-made, and you're going to submit that one bid, and there's a form to your regional administrator. If you do not have that form, we can be happy to send it to you, but it will basically ask you how much and what funding source, etcetera, etcetera, and then we'll process it, and then you'll get a notice from our Grants Office that says your good to go to buy that item. Please make sure you don't buy the item before you get the notice from the Grants Office. Just in case there's a snag, we just want to make sure we're dotting our i's and crossing our t's.

GERALDINE VALLO: Okay. Thank you for that. And, yes, if you would please send me that form.

JASMINE APLIN: Okay.

GERALDINE VALLO: Thank you.

OPERATOR: Thank you. And our next question comes from Andrea Godoy. You may go ahead.

ANDREA GODOY: Hi, good afternoon, my name is Andrea Godoy, I'm from Shinnecock Indian Nation. And I have a question about transportation. It has become a challenge I think with—in our larger population, but with our seniors specifically, we don't have really great methods for transport and I wondered if it would be an allowable expense to have a—pay a salary to someone or, you know, a part-time person or contractor to transport food and do delivery for us, you know, possibly through that Monday through Friday or even that Saturday, seeing as that's an option as well, and it would take some of the burden off our existing transportation that's being done, and I just wasn't sure if it was something that would be allowable. And maybe if you could expound upon a little bit with transportation beyond also just a person to pay to drive, possibly a vehicle or something that might support the efforts. Thank you.

JASMINE APLIN: Yep, so this is Jasmine, and you can definitely pay a driver to support your efforts in delivering Title VI meals. Salaries are allowed under this—er, under these funding sources. We just caveated that when Title VI funding is being used, we want to make sure it's for Title VI purposes. So that's kind of a duh, but, you know, I want to say like we don't want to be doing anything other than Title VI if we're paying for Title VI. Transportation cost, we can absolutely use the funding to purchase vehicles. Again, those are large purchase requests, so we go through the process that we've been talking about, but as far as both the vehicle and the salary for the worker, you can absolutely use Title VI for that.

ANDREA GODOY: Great, thank you.

OPERATOR: And at this time, I am showing no further questions.

JASMINE APLIN: [Unintelligible], that's perfect because it's a minute after, and so this is Jasmine Aplin, and I just wanted to see, Jean Lloyd, did you have any other closing remarks?

LAURA STEVENSON: Jasmine, can I just interject? I'm sorry.

JASMINE APLIN: Sure.

LAURA STEVENSON: There is one more question on the chat if you don't mind. It's from Emma Williams. She's asking, can we purchase a robocall system, like an automatic one, with the CARE funds?

JASMINE APLIN: Oh, that is another good question. You guys are asking lots of good questions today. I don't see a reason why not. That's another one that we want to—we'll follow up with, and if there's a problem, on Friday we will let you know, but I don't see a reason. It's just that I've never been asked that question before, so gold star for stumping me, thank you. So we will look a little more into that. Is there any other question—are there any other questions in the chat box?

LAURA STEVENSON: No, that's it. Thanks.

JEAN LLOYD: This is Jean. I just wanted to finally comment that I think, as people try new things, it might be helpful to let the Title VI program know and all the various mechanisms that you have going on and providing them with comments and responding to questions that they ask for the Friday chats. I really think the question about, how do you do socialization at this time, because I included a slide that had some suggestions, but those suggestions are much more common for people who have easier connections, and especially the telephone. So I think if people come up with really good—or not even really good but any ideas on how to keep those social connections together during this time, I think it would be helpful for everybody to know because we could all learn from what you're doing, and I really appreciate people doing things like that, and especially good ideas like the red and green ribbons and very basic things that we would not have thought of. So please keep sending those comments and suggestions and answer those questions for the Friday calls. I know the Title VI program really appreciates it. Jasmine?

JASMINE APLIN: All right, thank you so much. And this is Jasmine APLIN. Again, I wanted to thank everyone for their participation and remind you that we have our Title VI regular all-grantee call this Friday at 3:00 p.m. Eastern time, and we look forward to hearing and talking to you again then. And thank you, Jean Lloyd.

JEAN LLOYD: Thank you.

JASMINE APLIN: Thank you, bye.

OPERATOR: And thank you. This will close today's conference call. You may go ahead and disconnect at this time.