Director Office of Community Services Administration for Children and Families U.S. Department of Health and Human Services 330 C Street, SW, 5th Floor Washington, DC 20201

Re: CSBG Application for FY_____

Dear ____:

The ______Tribe is submitting the attached application and plan for direct funding under the Community Services Block Grant (CSBG) for fiscal year _____(one year) or FY_____ and _____ (two years) beginning October 1, ____ through September 30,

The attached application and plan meets the requirements of Sections 676 and 677 of the CSBG Act, the Coats Human Services Reauthorization Act of 1998 (P.L. 105-285), and relevant federal policy guidance.

The _____(Tribe) agrees to abide by the CSBG Act and required assurances and certifications and agrees to implement at least one of the programmatic assurances contained in Subsections 676(b)(1)(A) through (C) of the CSBG Act.

> Official's contact information Name Address Telephone Number Fax Number Email address: Tribal website

The Tribal CSBG contact person is _____-(name of person),

_____(title),he/she is designated to take the lead in administering the Community Services Block Grant and will be the primary contact on all programmatic activities. His/her contact information is: CSBG contact person Name Address Phone Number Fax Number Email address

(If the authorized official has delegated authority to accept sign all documents to another person please include the following).

As the Chairman/Chief/CEO of the _____Tribe, I delegate signature authority to _____, to sign all assurances, certifications, and other required CSBG documents.

If you have any questions or need additional information, please contact me at ______ or email me at ______.

On behalf of the Tribe, I would like to extend our appreciation and hope for the continuation of our mutually favorable relationship.

Sincerely,

Name of writer, title Name of Tribe