[***Enter Today’s Date***]

US Department of Health and Human Services

Administration for Children and Families Office of Community Services

ATTN: CSBG Tribal Program Specialist

The [***Enter name of CSBG State Office***] and the [***Enter name of Tribe or Tribal Organization***] **agree** to the total tribal enrollment population and the percentage of the tribe’s low-Income individuals who are below the Federal Poverty Guidelines-as shown below. These numbers are provided for the Tribe's Community Services Block Grant application.

Tribal Total= [***Enter the total tribal enrollment population***]

Tribe Percentage*=* [***Enter the percentage of the State’s Tribal population at or below the Federal Poverty Guidelines***]

The totals were determined by applying the percentage of the state's population living at or below the poverty level [***Enter percent***] to the state's total population, [***Enter State’s total population number***] and the percentage of the tribal population ***living*** at or below the poverty level [***Enter the percent****] to* the tribe's enrollment [***Enter Tribe’s total enrollment number***].

For additional information, please contact [***Enter CSBG Tribal contact person’s name, telephone number and email address***].

Sincerely,

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[Signature and title of CSBG State Signature and title of Tribal Chairperson,

Office Official] CEO/authorizing official]

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[Date] [Date]