

[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,

[Signature and title of CSBG State
Office Official]

Signature and title of Tribal Chairperson,
CEO/authorizing official]

[Date]

[Date]