

**Tribal Leader's Certification
for the
Education and Training Voucher Program
Chafee Foster Care Independence Program**

As Tribal Leader of the Tribe, Tribal Organization or Tribal Consortium of _____, I certify that the Tribe has in effect and is operating an areawide program relating to Foster Care Independent Living pursuant to section 477(j)(2) and that the following provisions will be implemented:

3. The Tribe will comply with the conditions specified in subsection 477(i).
4. The Tribe has described methods it will use to:
 - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
 - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).

Signature of Tribal Leader

Date