

Attachment A

CHILD COUNT DECLARATION
(P.L. 102-477 Tribe)

Federal Fiscal Year: 2015

Name of Tribal Lead Agency: _____

This certifies that the number of Indian children under age 13 (as defined in the CCDF section of the 102-477 plan) who reside on or near the reservation or service area (as defined in the CCDF section of the 102-477 plan) is: _____(number)

The Tribe/Tribal Lead Agency may not count any children who are included in the Child Count of another CCDF Tribe/Tribal Lead Agency. To ensure unduplicated child counts, a Tribe/Tribal Lead Agency is required to confer with all other CCDF Tribe/Tribal Lead Agencies that have overlapping or neighboring service areas.

This count shows the number of Indian children under age 13 as of date: ____/____/____

Official Signature of Individual Authorized to Act for the Tribe/Title

Date

Type or Write Name/Title

REQUEST FOR REALLOTTED TRIBAL DISCRETIONARY FUNDS

The Tribal Lead Agency named above requests Discretionary Funds that may be available through the reallocation process.

_____Yes

_____No