OMB NO. 0970-0359 Expires: 02/28/09

## [Applicant Letterhead]

[Date]

To Children's Bureau Regional Program Manager:

\_\_\_\_\_ (Name of Tribe) plans to apply to operate a title IV-E program beginning in Federal fiscal year (FFY) \_\_\_\_\_.

The intended Tribal service area is:	aı	nd the intended population to
be served is		

\_\_\_\_\_ We plan to apply for a one-time development grant of up to \$300,000 in FFY \_\_\_\_\_.

\_\_\_\_\_ At this time, we do not plan to apply for a one-time development grant.

<u>Contact information</u> Name: Date: Position: Tribe or Organization: Address: City/State/Zip: Phone: Fax: E-mail: