

Attachment G – Tribal Population Under 21

CERTIFICATION OF TRIBAL POPULATION UNDER AGE 21

The _____ (tribal name and state) finds that the Census Bureau's 2010 data on the population of children and youth under age 21 for tribes (published as Attachment B to Program Instruction [ACYF-CB-PI-15-10](#), issued on December 11, 2015) do not accurately reflect the actual number of children eligible for services under our tribe's title IV-B program. The correct number of tribal children under age 21 eligible for services under our tribe's title IV-B plan is _____

1) This information includes: (check all that apply)

Children under age 21 **living on or near** the tribe's reservation or the title IV-B service area:

- who are enrolled members of the tribe, eligible for enrollment, or recognized as children for which the tribe is responsible, as determined by the tribe;
- Other American Indian or Alaska Native children under age 21 provided that these children will be eligible for services under the tribe's title IV-B program;

Children under age 21 **not living on or near** the tribe's reservation or the title IV-B service area:

- who are enrolled members of the tribe, eligible for enrollment, or recognized as children for which the tribe is responsible, as determined by the tribe, provided the tribe describes how the children would participate in the tribe's title IV-B program.

In the space below, please provide a brief description of how children who are not residing on or near the reservation or tribal lands will be served under the tribe's title IV-B plan. (Attach additional sheets if *necessary*.)

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Tribal Name & State: _____

- 2) If the tribe’s reservation, including trust lands, are located in more than one state, please list below each state in which the tribe’s lands are located and the number of children included in the population count who reside in each if those states.

State	# of Tribal children
State	# of Tribal children
State	# of Tribal children

We certify that all children included in our population count are eligible for services under our tribe’s title IV-B plan.

We understand that information given above will be reviewed by ACF and that we may be required to submit additional supporting documentation as requested by ACF to substantiate this notification of change in population data.

We are submitting this information and certify that it is accurate and true to the best of our knowledge and belief.

This certification requires the signature and title of the tribal official with authority to administer or supervise the administration of title IV-B, subparts 1 and 2 programs and, if required by the tribe, the signature of a tribal enrollment official.

[Click here to sign](#)

Tribal Enrollment Official

[Enter date](#)

Date

[Click here to sign](#)

Signature of Tribal Official

[Click here to enter title](#)

Title of Tribal Official

[Enter date](#)

Date