

**(name of state contact)**  
**(title)**  
**(state office)**  
**(mailing address)**  
**(city, state, zip code)**

Dear **xxx** :

This is to advise you that the **(name of tribe)** tribe has submitted a Letter of Intent notifying the Administration for Children and Families(ACF) that it intends to submit for approval a three-year Tribal Family Assistance Plan (TFAP) to operate a Temporary Assistance for Needy Families (TANF) Program effective **(proposed implementation date)** and to request data necessary for determining the amount of the Tribe's Family Assistance Grant.

The Letter of Intent indicates that the Indian tribe will provide assistance under the program in **(indicate the Tribe's proposed service area)**.

Section 412(a)(1)(A) of title IV A of the Social Security Act (the Act), as amended by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), requires the Secretary of the Department of Health and Human Services to pay to each Indian tribe with an approved Family Assistance plan a Tribal Family Assistance Grant. Section 412(a)(1) (B) of the Act further defines the amount of the Tribal Family Assistance Grant to be an amount equal to the total amount of the Federal payments to a State or States under Section 403 (as in effect during such fiscal year) for fiscal year (FY) 1994 attributable to expenditures (other than child care expenditures) by the State or States under Parts A and F (as so in effect) for FY 1994 for Indian families residing in the service area or areas identified by the Indian tribe in its Letter of Intent or Tribal Family Assistance plan.

Thus, the data needed is data attributable to the Federal share of expenditures in the Aid to Families with Dependent Children (AFDC) and the Job Opportunities and Basic Skills Training (JOBS) programs. AFDC expenditures include expenditures for: AFDC maintenance assistance payments; Emergency Assistance (EA); and administration, including EA administration, expenditures for the Family Assistance Management Information Systems (FAMIS) and all other items that were claimed. JOBS expenditures include expenditures for program activities, supportive services and administration.

For Indian tribes who operated a Federal JOBS program in FY 1994, the Federal share of State title IV-F expenditures used in the calculation would be for expenditures made on behalf of non-member Indians living in the designated Tribal TANF service area. Any Federal share of expenditures by the State for Tribal members who were served by the State JOBS program should also be included in the calculation.

Section 412(a)(1)(B)(ii) of the Act requires the Secretary to use State submitted data to determine the amount of a Tribal Family Assistance grant. Therefore, we request that you provide the 1994 data attributable to the Federal share of expenditures in the AFDC and JOBS programs for Indian families in the Tribe's designated service area listed above. The data provided by the State should be unadjusted for disallowances and deferrals. In addition, AFDC maintenance assistance payments should not be reduced for child support collections and overpayment recoveries.

In providing this funding information, we ask you to include the exact amount attributable to Indian families in the Tribe's designated service area. If an exact amount is not available, please provide an estimated amount with a detailed explanation of how the estimate was derived. Please identify the separate amounts in each category and submit an explanation for the methodology used to establish these figures.

Section 412(a)(1)(B)(ii)(II) of the Act provides that if the Indian tribe disagrees with the State submitted data, it may submit additional information to be considered by ACF in making the final determination. In order to facilitate tribal review of State submitted data affecting the determination of the Tribal Family Assistance Grant, we request that your response to this request be sent to this office and to the Indian tribe at the following address:

***(Tribe's name, contact information and address)***

If the TFAP is approved the State's Family Assistance Grant will be reduced by the amount determined available to the Tribal TANF program. Section 405(b) of the Act requires that we notify the State of the amount of a reduction no later than three months before it is taken from a State's quarterly installment. However, a State may waive this notice requirement if it wishes to do so. The waiver can be made as part of the letter transmitting the requested data or by separate letter. The amount of the reduction will be equal to one-fourth of the total yearly amount of the Tribal family assistance grant taken on a quarterly basis. In order to promptly notify the State of the reduction, it is imperative that the State data required to make this determination be submitted timely. Therefore, we request this data be submitted to us no later than 30 days from the date of this letter. In order to receive the data as soon as possible, please FAX a copy of the data to ***(the ACF-OFA Regional TANF Program Manager fax #)*** attention ***(name of the OFA Regional TANF Program Manager)*** and follow-up with a mailed hardcopy.

A copy of your response should also be sent to:

Robert Shelbourne, Acting Director  
Division of Tribal TANF Management  
Office of Family Assistance  
Administration for Children & Families  
Aerospace Building – 5<sup>th</sup> Floor East  
370 L'Enfant Promenade, S.W.  
Washington, D.C. 20447

Public reporting burden for this collection of information is estimated to average 42 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

If you have any questions regarding this request, please contact ***(name of ACF-OFA Regional TANF Program Manager and phone number)***.

Sincerely,

***(name of OFA Regional TANF Program Manager)***  
ACF Region ***(Number)***

cc: ***(name of Tribal contact)***  
Division of Tribal TANF Management, Office of Family Assistance

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