Inter-Tribal Council of Nevada, Inc.

CHILD CARE DEVELOPMENT FUND

P. O. Box 7440
Reno, Nevada 89510
Telephone: (775) 355-0600

TRIBAL APPROVAL FOR USE OF CCDF FUNDS

Dear Tribal Chairperson:

The Inter-Tribal Council of Nevada, Inc., Child Care Development Fund, has received an application for assistance from a current tribal member who is seeking to use tribal CCDF funding for child care services. We need your approval to use the CCDF funds for this tribal member.

We are seeking the approval to use tribal CCDF certificate funds for:

Name of Child: _____ **Parent Name:** _____

Name of Tribe: _____ **Tribal I.D.**: _____

If you have any questions or concerns regarding this matter, please call the number listed above.

Approved: _____ **Yes** _____ **No**

Please print: _____ _____
Tribal Representative Name Title

Signature: _____ _____
Tribal Representative Date

Please mail back to the ITCN CCDF program A.S.A.P., so parent's eligibility can be processed in a timely manner. Please send originals to PO Box 7440 Reno, NV 89510 C/O ITCN CCDF.