

OMB Approved No.  
Expiration Date:

**Department of the Treasury**  
**Local Assistance and Tribal Consistency Fund**  
**Certification Regarding Economic Conditions**

I certify that I am an authorized representative of the Tribal government named below and that it is the assessment of the Tribal government that the economic conditions of the Tribal government are such that the Tribal government has a need for an award from the Department of the Treasury (Treasury) under the Local Assistance and Tribal Consistency Fund in the amount of \$[ ] to provide services to members of the Tribe and others in its service community. Such services may include, but are not limited to, clean water, housing, child care, workforce development, the management of land and wildlife, and other examples of permissible uses of the award as outlined in Treasury's guidance.

Tribal Government:

Name of Authorized Representative:

Signature of Authorized Representative:

Date:

**PAPERWORK REDUCTION ACT NOTICE**

The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is 1 hour per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.