

Northern California Indian Development Council, Inc.  
LIHEAP Program  
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## LIHEAP COORDINATOR CONTACT SHEET

*This form must be submitted anytime a Coordinator changes.*

Tribe/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

General Tribe Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Primary LIHEAP Coordinator:**

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone/Extension: \_\_\_\_\_

### **Backup LIHEAP Contact:**

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone/Extension: \_\_\_\_\_

### **Backup LIHEAP Contact:**

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone/Extension: \_\_\_\_\_

Approval signature of Tribal authorized administrator: \_\_\_\_\_

Date: \_\_\_\_\_