

Northern California Indian Development Council, Inc.
LIHEAP Program
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(707)445-8451
liheap@ncidc.org

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: _____