

Tiwahe Face Sheet

Date _____

Tribe or Tribal Organization Name _____

Primary Point of Contact Name _____

Primary POC Email _____

Primary POC Phone _____

Secondary Point of Contact Name _____

Secondary POC Email _____

Secondary POC Phone _____

Tribe or Tribal Organization Information

BIA Region:	Alaska	Eastern	Eastern Oklahoma	Great Plains
	Midwest	Navajo	Northwest	Pacific
	Rocky Mountain	Southern Plains	Southwest	Western
Social Service Governance Type:	OSG	638	Direct	None

Tribe or Tribal Organization Mailing Address:

Street _____

City _____

State _____

ZIP Code _____

Tribal or Tribal Organization Leader Contact Information:

Name _____

Email _____

Phone _____

Tribal or Tribal Organization Demographics:

Total Tribal Membership or Enrolled Citizens: _____

Has a Reservation:

Yes

No

PL-280:

Yes

No

477 Program:

Yes

No

Other: _____



Contact

Meghan Bishop, Policy Specialist



Phone

202-208-7163



Email

meghan.bishop@bia.gov

Date Received _____

Date Confirmation Sent _____

LOI No: _____