OMB Control Number: 2030-0051 Expiration Date: 05/31/2024

EJ TCTAC Intake Form Center C

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Required: The collection of information required for the rendering of appropriate services deployed by Center C

Contact Information

	Name	
	Phone Number	
	Email	
Do you represent a Tribe, Tribal organization, or Inter Tribal consortium? Please identify.		
	Tribe	
	Tribal Organization	
	Inter-Tribal Consortium	
	Other	

In what state is your community located? If your Tribal boundaries are in more than one state, select the state your headquarters are in.

EPA Form: 5800-093

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Please describe the environmental, climate justice or clean energy concern you would like to address.	
What	type of technical assistance are you seeking?
	Search for appropriate/relevant federal funding
	Federal funding application assistance
	GIS Mapping Services
	Resources and Information
If you have documents you would like to attach to your request, please email them toenvironmentalhealth@nihb.org.	
	Example documents: sample budget, grant narrative, etc.
Ackno	pwledgement

By checking this box, I acknowledge that all requests for assistance are subject to the availability and existing obligations of NIHB environmental health staff and that NIHB retains the right to deny requests for any reason.

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