

CONTAMINANTS IN TRADITIONAL FOODS/TRIBAL LIFEWAYS

Tribe (optional) _____

Would you like this information held confidential (circle one) Yes No

NCAI Region _____

Name of person filling out the form _____

Phone Number _____

E Mail address if available _____

What are the major issues and concerns facing your Tribe about contaminants in your traditional foods? Please try to be specific.

How are these issues affecting your Tribe's ability to follow your traditional Life Ways and traditional cultural practices?

What has your Tribe been doing to solve the concerns you have about contaminants in your traditional foods and the effects they have on your Tribe's traditional Life Ways and culture? What things would you like to do, but haven't been able to for some reason and what is the reason (i.e., need technical assistance, funding, etc)?

PLEASE USE ADDITIONAL SHEETS IF NEEDED. RETURN FORM TO
conference@aknsc.org OR FAX 907-258-2652.