TECHNICAL ASSISTANCE (TA) REQUEST FORM

TA Requestor: _____ Date _____
(State or local jurisdiction requesting TA)

Please describe the nature and extent of the issue or problem you are experiencing:

_____

_____

_____

_____

Catalog Number of TA Service Requested: _____

Catalog Title of TA Service Requested: _____

Jurisdiction Level to Receive TA: State Local Both Regional

Additional Information: _____

Request is consistent with the technical assistance goals, projected needs, and priorities addressed in the statewide strategy.

__ Yes. If "yes," please list the strategy goal/objective:

_____

__ No. If "no," please attach an explanation or strategy update justifying this need for technical assistance or redefining goals, objectives, and priorities.

Desired Delivery Dates/Timeline:

_____

Anticipated Number of TA Participants:

_____

Additional Information on Specific Needs:

_____

TA Requestor Point of Contact Information:

Name: _____ Title: _____

Phone Numbers: _____ E-mail Address: _____

_____ _____
SAA Authorized Signature ODP Preparedness Officer Signature

_____ _____
Date Date