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: N/A

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
dressed 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 Number: __________________________________________________________
E-mail Address: __________________________________________________________

SAA or UAWG Authorized Signature   G&T Preparedness Officer Signature
________________________________  ________________________________  ________________________________
Date        Date