

# KING COUNTY DEVELOPMENTAL DISABILITIES TECHNICAL ASSISTANCE REQUEST / WORK ORDER

Originator: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Recipient(s) (who is the target audience? Providers? Employers? Families?):

Type of assistance (staff training? Facilitation? Consultation? Etc.):

Date(s) or timelines (Is it needed by a certain date? Is it urgent? Has a tentative date been identified?):

Projected Amount of Time Requested (days? Hours?): \_\_\_\_\_

Projected Cost: approximate is OK \_\_\_\_\_

Maximum Allowable Cost (includes travel, materials, etc.): \$ \_\_\_\_\_

Suggested Consultant(s) \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person for Scheduling: \_\_\_\_\_ Phone: \_\_\_\_\_

County Approval \_\_\_\_\_ Date: \_\_\_\_\_

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