

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: Fusion Process Orientation Technical Assistance

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 Number: _____
E-mail Address: _____

SAA or UAWG Authorized Signature

G&T Preparedness Officer Signature

Date

Date