

# 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:** Improvised Explosive Device (IED) Awareness  
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**