

## 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**