

TECHNICAL ASSISTANCE (TA) REQUEST FORM

TA Requestor:

(State or local jurisdiction requesting TA)

Date:

Please describe the nature and extent of the issue or problem you are experiencing:

Catalog Title of TA Service Requested:

Level of 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 Numbers:

E-mail Address:

SAA Authorized Signature

FEMA Program Analyst Signature

Date

Date