

Training and Technical Assistance Request Sheet

Requesting Organization(s): _____

Type of Facility: _____

Contact Name & Title: _____

Phone Number: Email Address: _____

Physical Address, City, Zip: _____

Organization's Purpose/Scope of Work:

Summary of Request: (goals, objectives, time tables)

The request pertains to a service that ☐ currently exists ☐ is a new venture ☐ is a collaborative effort

If a collaborative effort, who are the partner entities? _____

Have you requested and/or received assistance for this specific project from any other agency or individual? Y N

If so, what assistance and from whom? _____

Please mark all assistance types you would be interested in receiving:

- | | | |
|--|--|--|
| <input type="checkbox"/> Practice Consulting | <input type="checkbox"/> Statistical Data | <input type="checkbox"/> Board Development |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Feasibility Study | <input type="checkbox"/> Health Economic Impact |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Start Up/Conversion | <input type="checkbox"/> Other Grant Resources/Information |
| <input type="checkbox"/> Other, please specify _____ | | |