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: _______________________________________________________