

**ALCOHOL AND DRUG ABUSE DIVISION
ATR Ohana**

TECHNICAL ASSISTANCE (TA) REQUEST FORM

REQUESTOR'S INFORMATION

Today's Date: Requesting County: Kauai Honolulu
Requesting Organization:
Name: Phone Number:
Address: Email

TELL US ABOUT YOUR REQUEST

Describe the nature and extent of the technical assistance needed. Be sure to indicate how it relates to the ATR Ohana Project's current goals and objectives.

What is the expected outcome of the TA? What are the goals (list). How does it fit in the context of your MOU?

Desired Delivery Dates/Timeline:

Estimated duration of the TA:

Desired mode of delivery (face-to-face, phone, email, etc):

Are there any specific issues related to the timing of this assistance? No Yes
If yes, please indicate:

Indicate who the target audience will be (check all that apply):

Program Staff Program Administration Fiscal Other (specify)

Anticipated Number of TA Participants?

Any objections to allowing other ATR Ohana providers to participate? No Yes

Additional Comments or Questions:

FOR OFFICE USE

Date Received:

Assigned:

Date Delivered:

Outcome:

_____ # of hours to prep

_____ # of hours to deliver TA