



# Technical Assistance Request

Date of Request \_\_\_\_\_

Requested TA Completion Date \_\_\_\_\_

## Contact Information

Name of Person Requesting TA \_\_\_\_\_ Title \_\_\_\_\_

Name of Organization \_\_\_\_\_ Phone \_\_\_\_\_

Email Address of Person Requesting TA \_\_\_\_\_

## Type of Assistance Requested

## Brief Description

data access \_\_\_\_\_

data analysis \_\_\_\_\_

survey development \_\_\_\_\_

project evaluation \_\_\_\_\_

data collection training Proposed Date(s) \_\_\_\_\_

Topic \_\_\_\_\_

in-person presentation Proposed Date(s) \_\_\_\_\_

Topic \_\_\_\_\_

other \_\_\_\_\_

## Additional Comments

Submit completed form to: [epicenter@crihb.org](mailto:epicenter@crihb.org). Please allow 3-5 business days for a CTEC team member to respond with a timeline for completing the TA request.