



**California Rural Indian Health Board Inc.
California Tribal Comprehensive Cancer Control Program (CTCCCP)
Technical Assistance (TA) Request Form**

Date of Request:

Requested TA Completion Date:

Please provide your Tribal Health Program's (THP's) contact information below.

Name of Person Requesting TA: Title:

Tribal Health Program Name: Phone:

Email Address of Person Requesting TA:

Type of Assistance Requested

- Program Evaluation/Reporting
- Data Collection Training
- Survey Development
- Program Implementation
- Health Education Techniques
- Evidence Based Intervention Specific Trainings
- Tools and Resources
- Other

Brief Description

<input type="text"/>
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Preference of TA

- Phone Call
- Email
- Site Visit

Other (please explain)

Please indicate the Evidence Based Interventions you are requesting technical assistance for.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Would you be interested in collaborating with other THPs with similar TA needs? Y/N

Thank you for completing the Technical Assistance Request form. This form and any other questions regarding TA should be submitted to Melissa Meza via email at MMeza@CRIHB.org.