

# Technical Assistance Request



Date of Request \_\_\_\_\_ Requested Completion Date \_\_\_\_\_

## Contact Information

Individual Requesting TA \_\_\_\_\_ Title \_\_\_\_\_

Name of Tribe or Tribal Organization \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

### Type of Assistance

- Consultation/Feedback
- Resource Development
- Training
- Other: \_\_\_\_\_

### Preferred Method of Communication

- E-mail
- Phone Call
- In-Person Meeting
- Other: \_\_\_\_\_

***Please describe your TA need in one line:***

\_\_\_\_\_

### Brief Description (Optional)

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\_\_\_\_\_

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*Please submit completed request forms to Julie Villa at [jvilla@carih.org](mailto:jvilla@carih.org). Please allow 2-3 business days for an ACORNS/CITE team member to respond with a timeline for completing the TA request.*