# Technical Assistance Request Form
## 2018 CDBG-DR Workforce Program

**Instructions:**

- **Email completed request form to**: DRWorkforce@hcd.ca.gov
- **Subject line**: [*Organization Name*] *TA Request*.
- Please submit a separate request form for each technical assistance session you are requesting.
- You may attach additional documentation that supports your request.
- If you have a question that does not require TA, please do not use this form but send the question directly to the DR-Workforce email at DRWorkforce@hcd.ca.gov.

**Contact Information**

| | |
|---|---|
| Name of County of Project Location: | |
| Name of Organization: | |
| Name of Program/Project: | |
| Contact Name: | |
| Contact Phone Number: | |
| Email Address: | |

**Technical assistance is available weekly on Tuesdays and Thursdays.**
Due to capacity and dependent on volume of requests, available hours may be limited.
Session requests are on a first come first serve basis.
**Please select your preferred session type below:**

| | | | | | |
|---|---|---|---|---|---|
| Tuesday sessions: | 10:00-10:30 | 10:30-11:00 | 11:00-11:30 | 11:30-12:00 | 3:00-3:30 |
| Thursday sessions: | 3:00-3:30 | 3:30-4:00 | | | |

**Preferred TA session dates:**
Please indicate the best month/date your organization attendees will be available for the TA session. An HCD representative will be in contact via email and/or phone to schedule.

**Attendees**:

| Name | Job Title | Email Address |
|---|---|---|
| | | |
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*TA Topics: Please check all that apply to your request.*

| | | | |
|---|---|---|---|
| Budgets | Resolutions | Environmental | Equity |
| Outreach/Marketing | Performance Measures/Goals | Program Reqt's | Duplication of Benefits |
| Grants Network | Record Keeping | National Objective | Monitoring and Compliance |
| Program Schedule | Supportive Svcs | Due Diligence | Other |

**Topics/Questions to be addressed in TA session:**
*Please give examples and questions that you may have to be addressed in the TA session. Indicate below if you have attached additional documentation that supports your request.*

Thank you for submitting your request for Technical Assistance for your DR-Workforce Program. You will receive confirmation of your request within two business days. A DR- Workforce representative will be in contact to schedule your requested session.

| HCD Section only |
|---|
| Representative: |
| Contact Date: |
| TA Schedule Date/Time: |
| Attendees: |

Meeting Notes:

Resources/Follow-up Provided: