



Wisconsin Family Planning Project - Technical Assistance Request Form

Date of Request: _____ Log # TA-_____ (HCET will assign)

Recipient Agency/Person: _____

Site Address: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Amount of TA required (e.g., person-days): _____ Desired start date: _____

Have you discussed this TA need with your DPH Regional Office Contact person? _____ Yes _____ No

Have you identified a preferred consultant? _____ Yes (Please attach CV) _____ No

Estimated cost for consultant: _____

If yes, please provide the following information:

Consultant's Name (if applicable): _____

Consultant Address: _____

Phone: _____ Email: _____

Name of Conference and Date (if applicable): _____

Please estimate all applicable costs

Registration Fee: _____ Airfare: _____

Lodging (including taxes): _____ Per Diem: _____

Amount your agency will be cost sharing:

Description of Technical Assistance Request (*On a separate sheet please answer the following*)

1. Describe the assistance needed and its relationship to the project's current goals and objectives (or other justification). Preference will be given to those requests which show a link to Wisconsin Family Planning Program priorities or a need identified through a program evaluation process.
2. List the tasks to be done & the desired outcome(s). Please be specific.

Technical Assistance Requestor

Date

WI WFFP Approval

Date Forwarded

Internal HCET Office Use: HCET Account Code: _____