FRIENDS National Resource Center for CBCAP

On-site/Webinar T/TA Intake Form

Date of Initial Contact:	**State:**
Contact's Name:	**Title:**
Organization:	**SLA** ☐ **Set Aside Grantee** ☐ **Regional Office** ☐ **FPO** ☐
Email:	**Phone:**
Service Request: What topical areas do you want covered? (Be consistent with external evaluation topics)	
Reason for Request: What led to this request? What's the history? Have there been any attempts at improvement in the past? What were they? Did they have any impact?	
Outcome of T/TA: What would contact like to have happen as a result of the T/TA? How will this intervention make things better? How will this help meet federal goals—which ones?	
Commitment: Is agency leadership committed to the work that will be undertaken through the T/TA?	
Other TA Providers: Have other consultants/contractors provided T/TA in this topical area? ☐ Yes ☐ No If yes, please describe including the outcome of the T/TA:	
Recommended Strategies: ☐ In-Person One-on-One ☐ Group Facilitation in person ☐ Group facilitation over the phone ☐ Workshop of up to half day	☐ One-Day training or Workshop ☐ Multi-Day Training ☐ Training of Trainers (TOT) ☐ Remote (webinar/teleconference/closed circuit TV ☐ Other (Identify)
Audience: Who will be attending the event? How many? Will this be an ongoing group? How well do they know each other? Will parents/caregivers be involved? Are there any tribal affiliations? If so, what tribe(s)? Who are the customers/stakeholders involved?	
How are you preparing your participants? Purpose, agenda, outcomes shared with participants? Survey participants re: their needs? Disseminate pre-reads?	
Resources/materials: Can you send us copies of any documents that might help in planning or providing T/TA. What systems/policies/practices are currently in place regarding this issue?	

Current reporting requirements.
Time Frame: What are your proposed dates? Alternate dates?
Location: ☐On site ☐Remote-teleconference ☐Remote-webinar ☐Remote-closed circuit TV If on-site, Where will the event be held? If remote, who will provide phone lines/internet/closed circuit TV service? Any special directions?
Lodging information:
Other Comments:
Outcome of Request: ☐ TA to be provided by CHTOP ☐ TA to be provided by Partner organization: ☐ CWLA ☐ Circle of Parents ☐ HSD ☐ NIRN ☐ Independent Living Resources ☐ TA to be provided by a Consultant – Please specify ☐ Request denied. Reasons for denial