

Region V - Family Planning TA Request

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

Family Planning Grantee: _____

Recipient Agency: _____

Site Address: _____

Contact Person: _____

Phone _____ Fax _____ E-mail _____

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

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 national FP priorities or a need identified through a program evaluation process.

2. List the tasks to be done & the desired outcome(s). Please be specific.

Title X Program Grantee

Date

Project Officer Approval/RPC Approval

Date

Forwarded

Submit this form to your PHS Region V Project Officer



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Internal HCET Office Use:

Approved by: _____ HCET Account Code: _____

Submit this form to your PHS Region V Project Officer

