

HVRP

HOMELESS VETERANS REINTEGRATION PROGRAM
NATIONAL TECHNICAL ASSISTANCE CENTER

HVRP IVTP HFV/HVWF TECHNICAL ASSISTANCE (TA) REQUEST FORM

Complete and Send to jrio@ahpnet.com

Name of Person Requesting TA:

Grantee Name

Type of Program: HVRP IVTP HFV/HVWF Grant Year: CAP Status:

Grant Number:

Grantee Address:

Office Phone: ()

Cell Phone: ()

E-mail Address:

1. Describe the issue to be addressed / skills to be improved:

2. Any past training / TA on this matter - when / what / by whom?

3. What type of TA you are requesting (e.g., phone consultation, webinar, on-site training) and why?

4. Describe the proposed audience for this TA. How many participants do you expect? Any from partner agencies?

