

**Cowlitz County Health Department
TECHNICAL ASSISTANCE REQUEST FROM**

To assist the Health Department in responding to your need, please complete this form. Upon receipt of your completed form, a staff person will contact you to discuss your request.

Date: _____ Requesting Agency: _____

Coordinator: _____ Title: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

- 1) Please describe as specifically as possible the condition, problem, or issue for which training or technical assistance (TA) is requested.
- 2) Please describe what type of training or technical assistance you would like to receive. Provide an estimate on the amount of funds your organization has available to pay for any training or technical assistance. If requesting funding, please attach a copy of projected costs.
- 3) Who is the intended audience of technical assistance?
- 4) Please describe what you would like to achieve as the result of receiving training or technical assistance. How will training or technical assistance assist you in implementing Core Public Health functions?
- 5) Have there been any previous attempts to address the problem or issue? If so, what actions were taken and what were the results of these efforts?
- 6) Are there any specific consultants or sources from whom you would like to receive technical assistance? If so, please include their contact information. If not, are there any specific areas of expertise (such as communicable disease, maternal child health, management information systems, environmental health services, program evaluation, etc.) that would be helpful?
- 7) Date request needs to be filled: _____

Please return this form to the:

Cowlitz County Health Department
Attention: Epidemiologist
1952 9th Avenue
Longview, Washington 98632
(360) 414-5599 (phone)
(360) 425-7531 (fax)