

Technical Assistance (TA) Request Form

TA Requestor: _____ Date: _____
(State or Urban Area requesting TA)

Please describe the nature and extent of the issue or problem you are experiencing:

TA Service Requested: **CI/KR Asset Protection Technical Assistance Program (CAPTAP)**

Jurisdiction Level to Receive TA: State Urban Area Both

Additional Information: _____

Request is consistent with the technical assistance goals, projected needs, and priorities addressed in the State and/or Urban Area Homeland Security Strategy.

- Yes. If "yes," please list the strategy goal/objective: _____
 No. If "no," please attach an explanation or strategy update justifying this need for technical assistance or redefining goals, objectives, and priorities.

Desired Delivery Dates/Timeline: _____

Have you identified a facility to host the TA delivery that meets the identified requirements (**35 workstations with internet access**)? Yes No Facility name and location: _____

Anticipated Number of TA Participants (**maximum 20**): _____

List of TA Service Participants (**maximum 20**) Attached to this Request Form: Yes No

List of 3 Potential Sites Available for Assessment Attached to this Request Form: Yes No

Additional Information on Specific Needs: _____

TA Requestor Point of Contact Information:

Name: _____

Title: _____

Phone Number: _____

E-mail Address: _____

SAA or UAWG Authorized Signature

FEMA/NPD Preparedness Officer Signature

Date

Date

DHS IP/PCII Authorized Signature

DHS IP/IICD Authorized Signature

Date

Date