

## **TECHNICAL ASSISTANCE APPLICATION**

**ADMINISTERED BY NAPAFASA  
FOR THE  
CALIFORNIA DEPARTMENT OF  
ALCOHOL AND DRUG PROGRAMS**

**Please submit completed application four weeks prior to proposed training to:**

**NAPAFASA  
340 E. Second Street Suite 409  
Los Angeles, CA 90012  
Contact: API TA Program Associate  
(213) 625-5795  
Fax: (213) 625-5796  
tarequest@napafasa.org**



**APPLICANT INFORMATION**

TA #: 02-00212

Date: \_\_\_\_\_

<b>Contact Person:</b> _____ <b>Title:</b> _____ <b>Organization:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>County:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____ <b>Website:</b> _____
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1. Please check **one** of the following categories that best describes your organization:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Business/Professional Association Board | <input type="checkbox"/> City Agency    | <input type="checkbox"/> Health Service Agency  |
| <input type="checkbox"/> Coalition/Community Partnership         | <input type="checkbox"/> State Agency   | <input type="checkbox"/> Law Enforcement        |
| <input type="checkbox"/> Community-Based Organization            | <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Neighborhood/Housing   |
| <input type="checkbox"/> County ADP                              | <input type="checkbox"/> Education K-12 | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> College                                 | <input type="checkbox"/> FNL/Club Live  | <input type="checkbox"/> Other County Agency    |
| <input type="checkbox"/> Other: _____                            |   |   |

2. How did you hear about our Prevention TA services (Please check **one**)
- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Prevention Training Event/Brochure                   | <input type="checkbox"/> Colleague            | <input type="checkbox"/> Internet   |
| <input type="checkbox"/> County Alcohol and Drug Program                      | <input type="checkbox"/> Previous Utilization | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> State Department of Alcohol and Drug Programs (DADP) | <input type="checkbox"/> Other: _____         |                                     |

3. Please write a brief description of your organization:  
 \_\_\_\_\_

4. What is the primary funding source(s) for your organization? \_\_\_\_\_

**TECHNICAL ASSISTANCE INFORMATION (Use additional paper, if necessary.)**

1. What kind of assistance is needed? (Check all that apply)
- |                                   |                                       |                                       |  |
|-----------------------------------|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Training | <input type="checkbox"/> Consultation | <input type="checkbox"/> Facilitation | <input type="checkbox"/> Product Development |
|-----------------------------------|---------------------------------------|---------------------------------------|--|

Please describe:

\_\_\_\_\_

2. Identify your primary goal(s) to be achieved through the requested technical assistance or training.

Goal: \_\_\_\_\_

Outcome(s) 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

3. Describe any previous attempts to address the TA need(s) or obtain consultation or other resources. Also describe the results of those attempts:

\_\_\_\_\_

4. Proposed training date(s) or timeline: \_\_\_\_\_

5. Estimated number of participants: \_\_\_\_\_

6. Where will consultation occur? \_\_\_\_\_

7. Identify the geographic area(s) to be served by technical assistance or training service.

County                       Regional (inter-county)                       Statewide

8. Please identify the population(s) that will be most impacted by the technical assistance or training services. (Check all that apply)

Gender:  Male     Female     Both

Age Group:  Children     Adolescents     Adults     Seniors     No Specific Age

Ethnic Groups:

African American                       Caucasian                       Native American     No Specific Group  
 Asian/Pacific Islander     Latino                       Other: \_\_\_\_\_

9. Does your organization have resources to pay for or share the cost of technical assistance or training services?                       Yes                       No

10. If yes, please describe the resources your organization can provide (e.g., funding for consultation fee, photocopy training materials, consultant's travel costs, etc)

\_\_\_\_\_

Last Updated: 2/07