

TECHNICAL ASSISTANCE APPLICATION FORM



ONTRACK Program Resources, Inc.
1331 Garden Highway
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APPLICANT INFORMATION

TA#:

Contact Person: _____ Title: _____

Organization/Group: _____

Address: _____

City: _____ State: CA Zip: _____ County: _____

Phone: _____ Fax: _____

E-Mail: _____ Website: _____

Will the requesting organization receive the TA/training services? Yes No

If not, please include the contact information of the organization that will be receiving services.

Organization: (or indicate group to be served) _____

Address: _____

City: _____ State: CA Zip: _____ County: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Please identify which portion of the Strategic Planning Framework Process you believe your organization is addressing through this TA request:

- Profile Population needs, resources, and readiness to address the problems and gaps in service delivery
- Mobilize and/or build capacity to address needs
- Develop a Comprehensive Strategic Plan
- Implement evidence-based prevention programs and infrastructure development activities
- Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail

1. Please mark **one** of the following categories that best describes your organization:

Board	City Agency	Health Service Agency
Coalition/Community Partnership	State Agency	Law Enforcement/Justice
Community-based Organization	Federal Agency	Neighborhood/Housing
County Alcohol & Drug Services	Education (K-12)	Faith-Based Organization
Other County Agency	College	Youth-serving Organization
Sober Living/Transitional Housing	TX Provider	Domestic Violence Shelter

2. How did you hear about TA services? (Please mark **one**.)

Workshops/Brochure	Colleague	Consultant
County Alcohol & Drug Programs Office	Previous Utilization	Regional Training
State Dept. Alcohol & Drug Programs	Internet	Other:

3. Have you ever received TA/training services through an ADP funded contract? Yes No

If yes, how many times, and with what kinds of results? (Field will expand as text is entered below.)

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

The following is an opportunity to identify the TA/training needs and to indicate which type of TA/training services will be needed to address these needs.

1. What kind of assistance is needed? (Mark all that apply)

Training Consultation Facilitation Product Development Information Referral

2. Please provide a brief description of your organization, the work that you do and the problem that you seek to address through consulting and training services. *(Field will expand as text is entered below.)*

3. What are the specific outcomes to be achieved as a result of requested consulting, or training services. (Each field expands as text is entered below. Tab to next field.)

1.	
2.	
3.	

4. Is there a good date (or time frame) to provide the TA/training service? Yes No
 If yes, when would it be? _____

5. Approximately how many individuals will participate in the TA/training service? _____
 CEH's are **only** available for clinical skills building trainings of **8 or more** participants.
CEH's? **YES** **NO** If yes, you will be asked to complete additional paperwork.

6. **Where** will TA/training service occur? _____

7. What **geographic area(s)** will be served by technical assistance or training service.
 County/Local Regional (inter-county) Statewide

8. Please identify the populations(s) that will be most impacted by the TA/training services?
 (Check all that apply)

Gender: **Male** **Female** **Both**

Specific Population: Women
 Specific Population: Children
 Specific Population: Youth

Ethnic Groups:

African American Caucasian Native American No specific group
 Asian/Pacific Islander Latino Other Ethnic:

9. Does your organization have resources to pay for or share the cost of the 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.)
 (Mark all that apply)

_____ Funding for consultation fee _____ Consultant travel costs
 _____ Photocopying of materials _____ Refreshments (Coke, cookies, etc.)

11. Are you requesting a specific consultant or consultants?

Yes No If yes, please specify: _____

Please read and sign below:

Shortly after your assignment is completed, ONTRACK will send you an *Initial Evaluation Form*, requesting feedback on the application process and the competency of your consultant. Approximately 30-60 days later, ONTRACK will administer a *Follow-Up Evaluation*, which will inquire as to how you have been able to utilize the information and/or training received and what changes or anticipated enhancements to your program operations will result from the services received.

These evaluations are utilized to continuously review and make improvements in service delivery; ensuring that the services provided under technical assistance and training contracts meet the quality and standards required by the use of public funds.

I, _____, hereby agree to complete in a timely fashion, all evaluations and/or surveys administered by ONTRACK Program Resources and/or the California Department of Alcohol & Drug Programs in association with the services received from this application request.

Signature

Date

**** If you do not receive telephone confirmation acknowledging receipt of your application within 72 hours, please contact: Project Manager, Peggy Thomas @ 916-285-1811 ****