



Project Safe Neighborhoods Technical Assistance Request Form

1. CONTACT INFORMATION

Please provide the following information about the PSN Coordinator forwarding this request for onsite technical assistance or training:

PSN Coordinator _____ District _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

E-mail _____ Office web site _____

Point of Contact for discussion of this request, if other than the PSN Coordinator:

Name _____

Agency _____

Telephone _____

E-mail _____

2. ORGANIZATION(S) ON WHOSE BEHALF SERVICES ARE REQUESTED

Organization(s) & City location(s):

(1) _____

(2) _____

(3) _____

3. TECHNICAL ASSISTANCE OR TRAINING REQUESTED

Please describe the nature of the technical assistance you are requesting:

4. TA/TRAINING OBJECTIVES

How do you anticipate that the requested TA/Training will enhance your PSN Program?

5. TIME LINE

What is the proposed time frame for receiving these services? Please provide dates, along with any special circumstances (e.g., time constraints due to local agency work/availability schedules):

6. SOURCE OF INFORMATION ABOUT TA/TRAINING

Annual Conference _____ PSN Web site _____

Other: _____

SIGNATURE: _____ DATE: _____

Submit this request, via e-mail, to each of the following individuals:

Seth Adam Meinero, EOUSA: seth.meinero@usdoj.gov

Ed Banks, Bureau of Justice Assistance: Edward.banks@usdoj.gov

BJA National Training and Technical Assistance Center, nttac@bjatraining.org