

**TRAINING AND
TECHNICAL
ASSISTANCE REQUEST
FORM**

Tribal Judicial Institute



TRIBE NAME:

Name of Person Completing this Request Form:

Title/ Official Designation of Person Completing this Request Form

Phone number:

Email:

SPECIFY ALL GRANTS ASSOCIATED WITH YOUR REQUEST FOR TTA:

Coordinated Tribal Assistance Solicitation.

Specify which Purpose Areas for which you receive funding &/or are requesting technical assistance:

Purpose Area #:

Other:

STATEMENT OF PROBLEM: *(briefly describe the problem(s) you are experiencing or what you require assistance with)*

HOW WOULD YOU PREFER TO RECEIVE REQUESTED ASSISTANCE?

Meeting

Teleconference

Web/online Conference

Training:

Regional Training

On-Site Training

Distance learning/ Web based training

Program or Project Assessment

In person / On-site visit

Web-Based Assessment

Other:

If you have any questions, please call Lynnette Morin 701-777-6306. **SAVE THE COMPLETED FORM TO YOUR COMPUTER. ATTACH IN YOUR EMAIL AND SEND IT TO:**

lynnette.morin@und.edu

FOR OFFICE USE ONLY

DESCRIPTION OF TTA PROVIDER ACTION TAKEN IN RESPONSE TO THIS TTA REQUEST:

On-Site Visit

Date: _____ Location: _____
name of agency/consultant conducting visit: _____

Training Provided

Date: _____ Location: _____

Referred to an existing Training Event :

Title of Event: _____ Date: _____

Referred to another TTA Provider

Date: _____ TTA Provider: _____

OTHER:

Completed by: _____

Date: _____