



Training and Technical Assistance Request/Referral Form

Thank you for your interest in improving your grant and the Healthy Marriage and Responsible Fatherhood grant program! Program Directors should use this form to request or make a referral for training and technical assistance from the HMRF TTA Team. Upon submission, our team will contact the Project Director within five business days to discuss needs and gather any additional information required to develop an action plan.

SECTION I - Information About Your Organization

Requesting Agency/ Organization:	<input type="text"/>
Program Name:	<input type="text"/>
Grant #:	<input type="text"/>
Type of Evaluation:	<input type="checkbox"/> Federal Evaluation (STREAMS) <input type="checkbox"/> Federal Evaluation (B3) <input type="checkbox"/> Local Evaluation <input type="checkbox"/> Performance Measures Only
OFA FPS:	<input type="text"/>
Program Director Name:	<input type="text"/>
Program Director Phone:	<input type="text"/>
Program Director E-Mail Address:	<input type="text"/>



SECTION II - Type of TTA Request

Indicate the Primary Topic of TTA Needed:

- | | |
|---|--|
| <input type="checkbox"/> Recruitment and Intake | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Project Leadership | <input type="checkbox"/> Grant Management / Uniform Guidance |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Facilitator Training and Oversight |
| <input type="checkbox"/> Curriculum Fidelity | <input type="checkbox"/> Partner Development/Management |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Other – Please Specify |
| <input type="checkbox"/> Performance Management / Data Management (nFORM) | |

SECTION III - Description of TA Request

Please complete the following information as thoroughly as possible. If more space is needed, please attach an additional page. Please do not include any personally identifiable information of program recipients in this request.

Problem Statement: Describe, as specifically as possible, the condition or issue for which the TTA is being requested.



Previous Efforts:

Have there been any previous attempts to address the condition or issue for which the TTA is requested? If so, what action(s) were taken and what were the results?

Target Audience/Recipients:

List the intended audience or recipients of the TTA (facilitators, program director only, all staff, staff and partners, etc.).

Goals and Outcomes:

Describe the program goals and outcomes to be achieved as a result of this TTA. If possible, identify the processes and/or behaviors you expect to see in order to achieve the stated goals and outcomes.

Once you have completed this document, please save the file to your computer and then attach the saved file to an email addressed to: TA.HMRF@publicstrategies.com

Thank you!