



Communities Empowering Youth Project



Request for Technical Assistance

Contact Information

CEY Partner Organization	
Name:	Contact Person: Phone #:
Address:	Office Phone # :
	Fax:
	Contact Person's E-mail:

Technical Assistance Description

DIRECTIONS	YOUR ANSWERS
Briefly describe the type of technical assistance you require.	
Please tell us how this will increase your organizations capacity.	
Provide up to 4 dates and times of availability for receiving technical assistance. <i>(Example: 6/4, 9am, 1, pm; 6/19 10am, 6/21 anytime.)</i>	

OFFICE USE – DATE RECEIVED: _____ BY _____ NOTES: