



Project Safe Neighborhoods Technical Assistance Request Form

1. CONTACT INFORMATION

Please provide the following information about the Project Safe Neighborhoods (PSN) Coordinator forwarding this request for technical assistance (TA) or training:

PSN Coordinator _____ District _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Email _____ Website _____

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

Name _____

Agency _____

Telephone _____

Email _____

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

Organization(s) and 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. TIMELINE

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 Website

Other: _____

SIGNATURE: _____ **DATE:** _____

Submit this request, via email, to the Bureau of Justice Assistance National Training and Technical Assistance Center at BJANTTAC@ojp.usdoj.gov.