



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

**Recovery/Treatment Technical Assistance and
Training for the Native American Population Project**

Technical Assistance Application

Please complete application and, **four weeks prior** to proposed training event, submit to:

Deborah J. Kawkeka
Health Education Specialist II
California Rural Indian Health Board, Inc.
4400 Auburn Blvd., 2nd Floor
Sacramento, CA 95841

Office: 916-929-9761, ext. 1514
Fax: 916-929-7246

E-mail: deborah.kawkeka@crihb.net

Administered by the California Rural Indian Health Board, Inc. through the State of California
Department of Alcohol and Drug Programs.



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

Recovery/Treatment Technical Assistance and Training for the Native American Population Project

Technical Assistance (TA) Application

A. Applicant Information

Contact Person: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

B. Organization Description

1. Please check **one** of the following categories that best describes your organization:

- | | | |
|---|--------------------------------------|--|
| <input type="radio"/> Business/Professional Association | <input type="radio"/> City Agency | <input type="radio"/> Health Service Agency |
| <input type="radio"/> Board | <input type="radio"/> State Agency | <input type="radio"/> Law Enforcement |
| <input type="radio"/> Coalition/Community Organization | <input type="radio"/> Federal Agency | <input type="radio"/> Neighborhood/Housing |
| <input type="radio"/> Community-based Organization | <input type="radio"/> Education K-12 | <input type="radio"/> Religious Organization |
| <input type="radio"/> Treatment Provider | <input type="radio"/> College | <input type="radio"/> County ADP |
| <input type="radio"/> Other County Agency | <input type="radio"/> Other: _____ | |

2. How did you hear about our TA services? Please check **one**.

- | | | |
|---|--|----------------------------------|
| <input type="radio"/> Training Event/Brochure | <input type="radio"/> Colleague | <input type="radio"/> Internet |
| <input type="radio"/> County Alcohol and Drug Program | <input type="radio"/> Previous Utilization | <input type="radio"/> Consultant |
| <input type="radio"/> State Department of Alcohol and Drug Programs (ADP) | <input type="radio"/> Other: _____ | |

3. Write a brief description of your organization:

4. What is/are the primary funding source(s) for your organization?



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

Technical Assistance (TA) Application

C. Technical Assistance Information (Use additional paper, if necessary.)

1 a. What kind of assistance is needed? (Check **all** that apply.)

- Training Consultant Facilitation Product Development

b. **Please describe:** _____

c. Identify your primary goal(s) to be achieved through the requested technical assistance or training.

Goal: _____

- Outcomes 1. _____
2. _____
3. _____

2. Describe any previous attempts to address the TA need(s) or obtain other resources. Also, describe the results of those attempts. _____

3. Proposed training date(s) or timeline: _____

4. Estimated number of participants: _____

5. Location of consultation/event: _____

6. Identify the geographic area(s) to be served by technical assistance or training service:

- County (local) Regional (inter-county) Statewide

7. Please identify the population(s) that will be most impacted by the TA or training services. (Check **all** that apply.)

a. Gender: Male Female Both

b. Age group: Children Adolescents/Teens Adults Older Adults
 No Specific Age

c. Ethnic group: African American Caucasian Native American No Specific Group
 Asian/Pacific Islander Latino Other: _____

8. Does your organization have resources to pay for or share the cost of TA/training services? _____

a. If yes, please describe the resources you can provide (e.g. funding for consultation fee and/or travel costs, photocopy training materials, etc.) _____

9. Are you requesting a specific consultant(s)? _____

a. If yes, please specify: _____