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# TECHNICAL ASSISTANCE APPLICATION

Community Alcohol and Other Drug (AOD) Abuse  
Prevention Technical Assistance Project



ADMINISTERED BY THE EMT GROUP, INC.  
FOR THE  
CALIFORNIA DEPARTMENT OF  
ALCOHOL AND DRUG PROGRAMS

Please submit completed application **four weeks prior** to proposed training to:

Mark Freeman, Technical Assistance Project Manager  
The EMT Group, Inc.  
391 South Lexington Drive, Suite 110  
Folsom, CA 95630  
Phone: (916) 983-9506

*Fax: (916) 983-5738*

*Email: [mark@emt.org](mailto:mark@emt.org)*

Look up <http://www.emt.org> for more information about our technical assistance and training projects.

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# APPLICANT INFORMATION

TA #:

Contact Person: _____	Title: _____
Organization: _____	
Address: _____	
City: _____	State: _____ Zip: _____ County: _____
Phone: _____	Fax: _____
E-Mail: _____	Website: _____

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

<input type="checkbox"/> Business/Professional Association	<input type="checkbox"/> City Agency	<input type="checkbox"/> Health Service Agency
<input type="checkbox"/> Board	<input type="checkbox"/> State Agency	<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> Coalition/ Community Partnership	<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Neighborhood/Housing
<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Education K – 12	<input type="checkbox"/> Religious Organization
<input type="checkbox"/> County ADP	<input type="checkbox"/> College	<input type="checkbox"/> FNL/Club Live
<input type="checkbox"/> Other County Agency	<input type="checkbox"/> Other: _____	

2. How did you hear about EMT Group's Prevention TA services? (Please check **one**.)

<input type="checkbox"/> Prevention Extension Workshop/EMT Brochure	<input type="checkbox"/> Colleague	<input type="checkbox"/> Internet
<input type="checkbox"/> County Alcohol and Drug Program	<input type="checkbox"/> Previous Utilization	<input type="checkbox"/> Consultant
<input type="checkbox"/> State Dept. of Alcohol and Drug Programs	<input type="checkbox"/> Other: _____	

3. Please write a brief description of your organization:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

## TECHNICAL ASSISTANCE INFORMATION (Use additional paper, if necessary.)

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

<input type="checkbox"/> Training	<input type="checkbox"/> Consultation	<input type="checkbox"/> Facilitation	<input type="checkbox"/> Product Development
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Please Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Goal:** \_\_\_\_\_

**Outcome(s):** 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

3. Proposed **training date(s)** or timeline: \_\_\_\_\_

4. Estimated **number of participants:** \_\_\_\_\_

5. **Where** will consultation occur? \_\_\_\_\_

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 technical assistance or training services. (Check all that apply)

**Gender:**

Male       Female       Both

**Age:**

Children (5-12)       Adolescents/Teens (13-18)       Adults       Seniors       No Specific Age

**Ethnic Groups:**

African American       Caucasian       Native American       No Specific Group  
 Asian/Pacific Islander       Latino       Other: \_\_\_\_\_

**Community Groups:**

School-aged youth attending school       Parents or Guardians       School Personnel       MFT or LCSW  
 School-aged youth not attending school       Law enforcement       Other: \_\_\_\_\_

8. Does your organization have resources to pay for or share the cost of the technical assistance or training services?

Yes       No

9. If yes, please describe the resources your organization can provide (e.g., funding for consultation fee, photocopy training materials, consultant's travel costs, etc.)

\_\_\_\_\_  
\_\_\_\_\_

10. Are you requesting a specific consultant or consultants?

Yes       No      If yes, please specify: \_\_\_\_\_