



# TECHNICAL ASSISTANCE REQUEST

Regional Housing Authority

<b>Tribe &amp; Project Contact Information—Please enter your information</b>	
Tribe Name:	
EIN Number:	
Council President:	
Assistance Contact Name:	
Contact Title:	
Tribe Address:	
Contact Phone Number:	
Contact E-mail Address:	
Website Address:	

Has your Tribe applied for an ICDBG grant within the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your Tribe or City have a Comprehensive Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Assistance Request —Please provide the following information</b>	
Date:	
Assistance Topic:	
Duration of Assistance Start and End Dates:	
Estimated THRHA time (hours) requested:	
Detail Assistance Requested: <i>Please provide the information noted as an attachment and any other supplemental materials or electronic links that are informative to the assistance request:</i>	(1) Targeted Populations and Problems Being Addressed (2) Intended/Expected Outcomes (3) How THRHA’s Assistance Will Benefit Housing

I am authorized to submit this request on behalf of my Tribe. I understand and agree THRHA does not guarantee that assistance will be provided. Assistance is limited to activities that benefit THRHA housing mission and goals, no funds will be expended, only staff time.

\_\_\_\_\_  
Authorized by - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name / Title



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The following is for administrative purpose:

Date request received by THRHA \_\_\_\_\_  Date reviewed by THRHA VP \_\_\_\_\_  
Date & Initial Date & Initial

The request must be approved or disapproved by THRHA Management or staff supervisor.

Approved  Disapproved

\_\_\_\_\_  
Department Manager Date Vice President Date

Copy provided to:  THRHA IHP Manager  Originator (Tribe)