

Capacity Building & Technical Assistance Request

Date _____ Type of Request _____

Requestor's Name (Last, First Name) _____

Church/Organization/Agency Name _____

Requestor's Contact Information

Work Phone _____

Cell Phone _____

Email Address _____

Mailing Address _____

City _____

State. _____

ZIP Code _____

Organizational Type _____

Primary/Target Audience _____

Referred by (if applicable) _____

Note: For "Speaker Only" request please note that requestor may be required to cover travel cost (airfare, hotel, ground transportation) for the requested event/training.

Other potential cost for request may also include training fees, training material costs (i.e manuals, handouts, toolkits), administrative fee (for webinars/virtual events and trainings)

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Description of Request

Training/Event Date

Time/Duration

Delivery Method

Training/Event Location

City

State.

ZIP Code

Anticipated Audience Size/
Attendance

If faith-based
organization/church, Size of
Congregation

Detailed description of CB/TA Request: *(include desired topics, areas of interest, & desired outcomes)*

Additional Information:

