

MCHB TA REQUEST FORM



PLEASE FORWARD THIS FORM TO CAROL O'TOOLE, PROJECT OFFICER, FOR HER APPROVAL.

MS. O'TOOLE'S CONTACT INFORMATION MAY BE FOUND AT THE END OF THE FROM.

AFTER MCHB APPROVAL, ROOMERS, INC. WILL CONTACT YOU TO DISCUSS YOUR TA REQUIREMENTS.

SECTION A: RECIPIENT INFORMATION

Agency/Program _____
Contact Person: _____ Date: _____
First Name: _____ Agency Name: _____
Last Name: _____ Agency Address: _____
Title: _____ City, State, Zip: _____
Telephone: _____
State Contact Person: _____ Fax: _____
Time Requirements for TA: _____ E-mail: _____

Please identify the type of TA requested:

- Expert Consultant
- State to State (peer Exchange)
- State Workshop
- Other Please explain: _____

SECTION B: ESTIMATED COSTS

(Please call Roomers, Inc., 703-518-0233, if you require assistance completing the portion below)

HONORARIUM

A. Number of persons receiving honorarium: _____

B. Number of Days of Honorarium/Person @ \$320/day: _____

Total Honorarium Amount (a) x (b): _____

LODGING

A. Number of rooms requested: _____

B. Number of room nights requested: _____

C. Lodging rate per night: _____

Total Lodging (a) x (b) x (c): _____

MEALS AND INCIDENTAL EXPENSES (M&IE)

A. Number of persons requesting M&IE: _____

B. Number of Days**: _____

C. M&IE rate per day*: _____

Total M&IE (a) x (b) x (c): _____

* Payment for meals and incidental expenses (M&IE) will not exceed the official regional government rates found at <http://policyworks.gov/org/main/mt/homepage/mtt/perdiem/perd03d.html>
**M&IE for each travel day is calculated at .75 of the 1 day M&IE rate.

TRAVEL

A. List mode of transportation: _____ (i.e. Flying, train, etc)

B. Number of persons traveling: _____

C. Estimated cost of ticket per person: _____

D. Local travel (Mileage, cab fare, public transportation) _____

Total Travel (b) x (c) + (d): _____

TOTAL ESTIMATED TA EXPENSES: _____

SECTION C: TECHNICAL ASSISTANCE INFORMATION

THIS SECTION SHOULD BE FILLED OUT PRIOR TO THE TA. PLEASE EXPLAIN ALL ANSWERS IN THE SPACES PROVIDED.

1. Specific work areas to be addressed:

2. How would this TA improve your State's capacity to meet its priority area?

3. How would this TA help improve your State's capacity to meet its Performance Measure objectives?

4. Desired TA outcomes/objectives:

A:

B:

C:

D:

5. Will a specific product be developed as an outcome of this TA to share with other States? If so, identify the product.

MCHB Project Officer Approval for TA (print name)

MCHB Project Officer Approval for TA (signature)

Date

Please fax/mail form to:

Carol O'Toole
Maternal and Child Health Bureau
5600 Fishers Lane, Room 18-31
Rockville, MD 20857

Phone: 301-443-0869
Fax: 301-443-9354
Email: cotoole@hrsa.gov