Governor's Office of Emergency Services

# REQUEST FOR FINANCIAL TECHNICAL ASSISTANCE

OES 602 (REV. 7/06)

Agency Name: _____

Address: _____

City: _____ Zip: _____

Project Title: _____

Grant Award Number: _____

The project is requesting financial technical assistance from OES.

Individual to contact: _____

Title: _____

Phone Number: _____ FAX Number _____

_____ _____

Signature Date

**RETURN TO:** Governor's Office of Emergency Services
3650 Schriever Ave.
Mather, CA 95655
Attention: Audits Division