Reset Form

Print Form

Governor's Office of Emergency Services

REQUEST FOR PROGRAMMATIC TECHNICAL ASSISTANCE

OES 651 (REV. 7/06)

Recipient: _____

Address: _____

Project Name: _____

Contact Person: _____

Telephone #: _____ Fax #: _____

Grant Award Number: _____

The following type of programmatic technical assistance is requested:

_____ _____

Project Director's Signature Date

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

Attention: _____ Section