



TECHNICAL ASSISTANCE DATA COLLECTION FORM

This form should be completed by each key partner organization in the OVC Initiative. Please record information on technical assistance provided under the OVC Initiative by your organization to a requesting organization. Do not include outreach events or trainings; these events are to be recorded on other forms for the OVC Initiative.

Funded by Grant ID/Number:
Requesting Organization Name:
Date of TA: _____ (mm/dd/yyyy)
Organization(s) That Provided TA:
Requesting Organization Type: <input type="checkbox"/> Federal Agencies Other Than Law Enforcement <input type="checkbox"/> Federal Law Enforcement <input type="checkbox"/> State and Local Government Agencies Other Than Law Enforcement <input type="checkbox"/> State/Local Law Enforcement <input type="checkbox"/> Victim Service Providers <input type="checkbox"/> Immigrant/Ethnic Service Providers <input type="checkbox"/> Legal Providers <input type="checkbox"/> Prosecutors <input type="checkbox"/> Medical/Public Health Providers <input type="checkbox"/> Mental Health/Substance Abuse Providers <input type="checkbox"/> Faith-based Organizations/Religious Institutions <input type="checkbox"/> Housing/Shelter <input type="checkbox"/> Legislators/Lawmakers <input type="checkbox"/> Civic/Business Community <input type="checkbox"/> Schools/Educational Institutions <input type="checkbox"/> Vision/Dental Providers <input type="checkbox"/> Trade/Professional Affiliation Associations <input type="checkbox"/> Other (specify): _____

Method of TA Delivery:

Case Consultation: _____ hours

Brief Description:

General Information: _____ hours

Brief Description:

Information on Services: _____ hours

Brief Description:

Referrals: _____ hours

Brief Description:

Other (specify): _____ hours

Brief Description: