

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
REQUEST FOR PROGRAMMATIC TECHNICAL ASSISTANCE

Subrecipient: _____
Address: _____
Project Name: _____
Contact Person: _____
Telephone #: _____
Subaward Number: _____

The following type of programmatic technical assistance is requested:

Project Director's Signature

Date

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