

**HAWAII LOCAL TECHNICAL ASSISTANCE PROGRAM
REQUEST FOR TRAINING AND/OR ASSISTANCE**

To request training and/or other assistance with technology transfer through Hawaii LTAP, please complete this form and email to Robert.Miyasaki@hawaii.gov (or fax: 587-2340). Please include contact information so that we may reach you should additional information and/or clarification be need regarding your request.

Upon receipt of your request, LTAP Advisory Committee members and other stakeholders will be contacted to determine overall interest in the proposed subject matter. Based on feedback, statewide need and priority for such training will be determined and we will inform you if your request can be accommodated within the annual Hawaii LTAP training program.

Submittal Date: _____

Requestor's Name/Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Requested Training/Assistance: _____

Need & Justification: _____

Target Audience: _____

Anticipated # of attendees from your organization: _____

Anticipated # from other agencies: State: _____ County: _____ Private: _____

Course # & Instructors contact information: (if known): _____

Desired Time Frame and location for training: _____

Estimated cost (if known): _____ Requestor cost share (if any): _____