



HOUSING SUPPORT REQUEST FORM

*Please complete this form to request technical assistance by the
NYSACRA Center for Innovation & Development*

Organization / Agency Name: _____

Address: _____

Contact Name: _____

Contact Email Address: _____

Contact Telephone Number: _____

Please indicate support requested (education or technical support)

I. Community Education:

Please check the appropriate box:

Speaker at an event: _____

Training: _____

Other (please describe) _____

Describe the event: _____

Please describe the number of people expected, their roles, your overall training objectives, etc

How many people do you expect in your audience? _____

Proposed date / time of the year: _____

Location of event: _____

Proposed start / end time of presentation: _____

II. Technical Support:

Please check the appropriate box:

Guidance to agency professionals

Consulting services

Please describe components of the support including audience, time / date and desired outcomes



HOUSING SUPPORT REQUESTED TRACKING FORM

(Form to be completed internally 72 hours after event)

Date of Event: _____

Presenter / consultant (s): _____

Number of people in attendance? _____

What was the topic of discussion? _____

What were the General Questions? _____

Follow up- recommendations: _____
