County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entity Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Need for Technical Assistance:**

[ ] Contract Agreement

[ ] Grant Application

[ ] Collaboration Plan

[ ] Budgets

[ ] Use of Funding

[ ] Policy and Organizational Development

[ ] Evidence Based Practices

[ ] Site Assessments

[ ] Assessment Tools

[ ] Monthly Financial Reports

[ ] Snapshot Reporting

[ ] Data Reporting

[ ] Quarterly Reports

[ ] Financial Procedures

[ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overview and Documentation:

|  |
| --- |
| **GOAL STATEMENT:**  |

| **Expectations** | **Implementation Process** | **Due Date** | **Notes** | **Review Date** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Next Steps** | **Due Date** | **Review Notes** | **Review Date** |
|  |  |  |  |

IDOC Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entity Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_