



**DENVER TIER III** 899 Logan St., Suite 500 Denver, CO 80203 303-860-0360 FAX 303-861-4315

*Making It Possible.*

### Denver County Cultural Council Technical Assistance Request Form

Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Date of Request \_\_\_\_\_

FAX \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Request for: Scholarship Consultation Special Educational Opportunity Other \_\_\_\_\_

What do you expect to learn from this training/consultation? \_\_\_\_\_

How will this benefit your organization? \_\_\_\_\_

How will this benefit the community? \_\_\_\_\_

Who from organization will participate?

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Providing Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Date(s) of program/consultation/training \_\_\_\_\_

*I have read the Denver County Cultural Council's Technical Assistance Program Policy and Procedures and agree to: use these funds for the above stated purposes; return full TA funds if for any reason the event is cancelled or not attended; consider any tangible material obtained as part of registration or consultation as property of the organization; and submit a brief report defining benefits to the organization and the community, and an evaluation of the presenters program's merit, to the DCCC program manager 30 days following the event.*

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Attach completed registration form and any accompanying literature. Return via mail to Jane Potts, program manager at the above address. Please allow 60 days to process this request.