**Program Providing TA: Date:**

**Person(s) Providing TA: Program/Audience Receiving TA:**

|  |  |  |
| --- | --- | --- |
| **TA Desired Outcomes (Completed by LA)** | | |
| **Outcome(s):** | **# of sessions & length:** | **Estimated Total TA Time:** |
|  | X \_\_\_\_\_\_per hour | $ |
| **TA DELIVERED (Completed by Program Requesting Reimbursement)** | | |
| **Summary of Outcome(s):** | **# of sessions & length:** | **Total TA Time:** |
|  | X \_\_\_\_\_\_\_ per hour | $ |
|  | | |
| Funding is only available to programs that were pre-approved to submit for TA. | | |
| **Total $ Approved for TA Reimbursement by Lead Agency** | | $ |

*\*After return of this request with approval signature, attach to monthly invoice for justification*

*for reimbursement requested under “Other”.*

|  |  |  |
| --- | --- | --- |
| ***Lead Agency Administration Only:*** | | |
| Date reimbursement request received:  Date returned to program: | \_\_\_\_\_Approved not to exceed amount above  \_\_\_\_\_Denial Reason:  \_\_\_\_\_Need Additional Information: | Authorized Signature and Date: |