



Nevada Office of HIV/AIDS Ryan White Part B Program Technical Assistance Request

Subrecipient Name:	
Funding Period:	
Subrecipient Director:	
Program Coordinator / Director:	
Site Visit Address:	
Technical Assistance Request Topic Area	<input type="checkbox"/> Agency Administration & Planning <input type="checkbox"/> CAREWare <input type="checkbox"/> Data Analysis and Reporting <input type="checkbox"/> Eligibility & Enrollment <input type="checkbox"/> Fiscal Management <input type="checkbox"/> Idea Development <input type="checkbox"/> Partnerships & Collaboration <input type="checkbox"/> Program Management & Implementation <input type="checkbox"/> Quality Management <input type="checkbox"/> Other: _____
Short Explanation of Need:	

For Office of HIV/AIDS Use	
Lead OHA-RWPB Staff Assigned:	
Date Assigned:	
Completion Due Date:	



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COMPLETED TECHNICAL ASSISTANCE SUMMARY *(to be completed by lead OHA-RWPB Staff)*

Individuals Present:

Purpose of Technical Assistance:

Summary of Technical Assistance:

Subrecipient Follow-Up:

Office of HIV/AIDS Follow-Up: