

Fiscal year:

Architectural Services Technical Assistance Request Form

Request Date:

Made by

Lead Organization:							
State Government	Local Governmen	t Non-Profit	Corporate	CSA	Соор	Private Citizen	Religious
Project Location	1:						
Address:			State:		City:		
County:			Zip Code	e(s):			
Current Census Population:							
http://factfinder.census.gov/faces/nav/isf/pages/index.xhtml TOTAL:							
Main Point of Contact (must be available for duration of project to lead coordination of local participation and interact with the planning assistance team)							
First Name:			Last	Name:			
Organization Affiliation:							
State Government		nt Non-Profit	Corporate	CSA	Соор	Private Citizen	Religious
Position/Title: Email:					Phone #: Fax #:		
Type of assistance requested: (select those that apply)							
Technical Assistance USDA Fa		Market Foo	d Value Chain and Foo	ue Chain and Food Hubs		rket and Facility Desigr	n Commercial Kitchen
Business Incubator Community Plan		anning Cor	nmunity Garden				
Other (please identify)							
Funding Source: (select those that apply)							
Government	State County	City	Town Com	nmunity	Grant	Tax Revenue	Local General Fund
Private	Private Tenant(s)/Lease Corporate Community Supported Agriculture (CSA) Donation(s) Other:						
Project Scope (detail all aspects):							

Please provide detailed information in regards to local food impact, community impact, number of farmers/vendors, geographical area serviced, etc. Provide seperate sheet if needed.