**Policy Consensus Tool: Request for Technical Assistance from ASTDD**

***Contact Information***

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| --- | --- | --- |
| Date: | State/Territory: | Agency/Organization: |
| Contact Person: | | |
| Phone: | Email: | |
| When is the anticipated month/year of your policy consensus meeting? | | |
| Where do you plan to hold your policy consensus meeting? | | |

***Type of TA Requested & Financial Assistance:*** Please check the type(s) of TA you anticipate needing. Please note that ASTDD does not have the financial resources to provide no-cost TA to states. For this reason, we need to determine what resources a state has to cover the cost of the services. The estimated cost of each service is included in the following table. In addition to checking the type of TA needed, please complete the column labeled “Dollar Amount to be Paid by State”

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| State oral health program will be responsible for: planning for the location, food and travel expenses for staff or other attendees, developing a list of invitees, making copies of various Policy Consensus Tool materials, flipcharts, markers, and other supplies that may be needed the day of the Policy Consensus Tool session. | | |
| TA Requested (check all that apply) | Estimated Cost  of Service | Dollar Amount to be Paid by State |
| Initial planning call | $120 | $120 |
| Four planning calls | $480 | $480 |
| Invitations and survey materials emailed to invitees | $480 | $480 |
| Compilation of survey results | $720 | $720 |
| One-day facilitation of Policy Consensus Tool (cost is for one facilitator and up to 50 participants) | $1,800 | $1,800 |
| Post Policy Consensus Tool evaluation sent to attendees | $240 | $240 |
| Policy Consensus Tool summary report | $600 | $600 |
| Facilitator travel and per diem expenses (to be estimated by ASTDD upon receipt of information as to date and location) | $TBD | TBD |
| **TOTAL** | **$4,440 + travel expenses** |  |

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| ***STATE/TERRITORY APPROVAL:***  Approved by:       Electronic Signature (by typing your name, you verify approval of this TA request):       Date approved:  ***ASTDD OFFICE USE ONLY:***  Approved by:       Date approved:       Consultant Assigned:       State Payment Amount:       Comments: |

**Please email the completed form to: Chris Wood,** [**cwood@astdd.org**](mailto:cwood@astdd.org)