



DOE's Tribal Energy Program

REQUEST FOR TECHNICAL ASSISTANCE

CONTACT INFORMATION

First & Last Name

Tribe/Affiliation

Title

Address 1

Address 2

State/Province

City

Zip Code

Phone

Fax

E-mail

Date submitted:

DESCRIPTION OF REQUEST ASSISTANCE

(Typically limited to 40 hours)

Describe the technical scope of activities requested:

Identify the timeline of needed assistance, if applicable:

BACKGROUND INFORMATION

Provide background on your reservation (i.e., location and size), renewable energy resources, existing projects, and past efforts: