

Cherokee Nation Empowering Rural Communities

Technical Assistance Request Form

Applicant:

Contact:

Title:

Email:

Phone:

Address:

EntityType:

Primary Community Served:

If Other, please identify:

Demographics:

Farmer/Rancher

Youth Organization

Food Pantry/Community Garden

Native American

Woman Owned

Other, please identify:

Beginning Farmer/Rancher

Small Business

School

Type of Service Requested:

Research Funding Opportunities

Application Development

Other, please identify:

Award Management

General Information

Do you have experience with any of the following:

Grant Writing

Grant Management

Other, please identify:

Research

Financial Management

Additional Information: