**Basic Screening Survey: Request for Technical Assistance from ASTDD**

***Contact Information***

|  |  |
| --- | --- |
| Date:       | State/Territory:       |
| Contact Person:       |
| Phone:       | Email:       |
| What is the anticipated start date of your survey?       |
| When would you like to start receiving technical assistance?       |

***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”

|  |
| --- |
| *Type of BSS (select all that apply):* [ ]  Preschool [ ]  Elementary School [ ]  Older Adults [ ]  Other (Please specify:      ) |
| TA Requested (check all that apply) | Estimated Costof Service | Dollar Amount to be Paid by State |
| [ ]  Sample design, including the determination of sampling frame and potential stratifications or sampling strata | $1,200 |       |
| [ ]  Obtain sampling frame in an appropriate electronic format | $500 |       |
| [ ]  Sample selection | $1,200 |       |
| [ ]  Selection of replacement schools/sites | $800 |       |
| [ ]  Written description of sampling methodology | $400 |       |
| [ ]  Training of examiners (total cost must be covered by state) | TBD | TBD |
| [ ]  Development of data entry program | $800 |       |
| [ ]  Data analysis | $4,000 |       |
| [ ]  Creation of data tables, data brief and consultant report | $2,800 |       |
| [ ]  Complete data set, including strata, clusters and weights, submitted to state along with a detailed data dictionary  | $400 |       |
| **TOTAL** |  **$12,100** |  |

|  |
| --- |
| ***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**