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|  | | | | | **Date:** |  |
| **Name**  (Personal, Action Team, Agency, Organization) | | | | | | |
|  | | | | | | |
| **Contact Information** | | | | | | |
| Phone: |  | Email: | |  | | |
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| **Data or Assistance Needed::**  Please write down, as specifically as possible, what type of information and/or assistance you, or your organization, are requesting from DRAT. It may help to briefly describe your project and how you think the DRAT Team can help you. | | | | | | |
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| **Relevance:**  What is the purpose, importance and/ or relevance of your project to the work of the Guam Comprehensive Cancer Control Coalition? | | | | | | |
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| **Deadline:**  Timeframe for assistance needed | | | Date: | | | |
| Time: | | | |
|  | | | | | | |
| **Comments:**  Please let us know if you have any comments or information to add. | | | | | | |
|  | | | | | | |
| **Please note:**  You may need to complete a separate form from organizations that we may need to work with to obtain the information you are requesting.  Your request will be reviewed at our next team meeting (we meet monthly), and we will let you know if and how we can help. If we are unable to fulfill your request due to time/staff limitations, we will do our best to direct you to other community resources. | | | | | | |