



## Rocky Mountain Tribal Leaders Council, Epidemiology Center

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Email: [RMTEC@rmtlc.org](mailto:RMTEC@rmtlc.org) – Website: [rmtec.org](http://rmtec.org)

### Technical Assistance Request Form

Please complete this form in its entirety and email to [Christopher.Piccione@rmtlc.org](mailto:Christopher.Piccione@rmtlc.org)

The Rocky Mountain Tribal Leaders Council, Epidemiology Center (RMTEC), in its mission to empower the American Indians of Montana and Wyoming in the development of services, systems, and epidemiologic capacities to address their public health concerns, will provide the following technical assistance services:

- Assist Tribes with the gathering of deidentified summary statistics for the purposes of monitoring health status, as well as grant and report writing;
- Coordinate data-related activities between RMTEC and external entities;
- Develop and disseminate statistical summaries of tribal health status priorities;
- Offer training to tribal health programs on use of tools for working with the data;
- Provide statistical consultation to tribal health programs;
- Assist with project evaluation;
- Review public health products, protocols, and documents; and
- Connect tribal health programs with Subject Matter Experts (SMEs)

‘Technical assistance’ (TA) encompasses a professional relationship between RMTEC and the individual/program/organization requesting the assistance in which RMTEC will work to understand and respond to the needs of those making the request. *Technical assistance will necessarily involve a commitment on the part of both RMTEC staff (most frequently in terms of time) and the individual/program/organization making the request.*

If you need assistance with while filling out this form, please do not hesitate to contact Christopher Piccione, RMTEC Lead Epidemiologist, at 406-252-2550, ext. 129, or [Christopher.Piccione@rmtlc.org](mailto:Christopher.Piccione@rmtlc.org).

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#### **Contact information**

Name, Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### **Request Details**

Date of Request: \_\_\_\_\_

Which of the following describes the type of technical assistance you are requesting from RMTEC?

☐ Training ☐ Product/Protocol/Document Review ☐ Input from/Collaboration with RMTEC Staff

☐ Completion of Tasks/Project by RMTEC Staff ☐ Connection to Subject-Matter Experts

☐ Connection to Resources/Tools/Best Practices ☐ Access to Data

☐ Program/Product Development or Support ☐ Other \_\_\_\_\_

Which of the following describes the topic of technical assistance you are requesting from RMTEC?

- ☐ Research   ☐ Data Management & Use   ☐ Data Collection   ☐ Data Analysis
- ☐ Data Translation & Dissemination   ☐ Data Sharing   ☐ Prioritization and/or Action Planning
- ☐ Community Assessment   ☐ Development of Health Messaging   ☐ Evaluation
- ☐ Quality Assurance/Performance Improvement   ☐ Response to Outbreaks/Concerns
- ☐ Surveillance   ☐ Community Education/Outreach   ☐ Sustainability   ☐ Other \_\_\_\_\_

Please describe, in detail, the technical assistance you would like to receive from RMTEC: \_\_\_\_\_

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Please describe the program or project that this technical assistance will support. Descriptions should include the program/project's target audience/population, the geographic area served, funding source, and other details. If these details have not been established at this time, please provide any preliminary information on these topics that is available: \_\_\_\_\_

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Which reservation will benefit from this technical assistance?

- ☐ Blackfeet   ☐ Rocky Boy   ☐ Crow   ☐ Fort Belknap   ☐ Fort Peck
- ☐ Little Shell   ☐ Northern Cheyenne   ☐ Flathead   ☐ Wind River
- ☐ Other \_\_\_\_\_

When does the technical assistance need to be completed? Please note that the nature of the assistance requested will determine the timeline involved. We recommend that requests be made well in advance (minimum of two weeks) of any deadlines. \_\_\_\_\_

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**If requesting access to data, please fill in the below information:**

**Terms and Conditions of Use**

Any use of data provided by RMTEC must be presented or published in a manner that protects individual identity. Every effort has been made to protect the identities of persons represented in the data provided to us. Data provided may only be used for the purposes for which it was requested.

**In order for RMTEC to provide public health data to you, it is necessary that you agree to the following provisions:**

- I will not use - or permit others to use - the data in any way other than for statistical reporting and analysis. I must notify RMTEC if I discover that there has been any other use of the data.
- I will not present or publish data in which an individual can be identified. I will not publish any information on an individual. In addition, I will avoid publication of statistics for very small groups.
- I will not attempt either to link - or permit others to link - the data with individually identified records in another database.
- If I inadvertently discover the identity of any individual, then (a) I will make no use of this knowledge, (b) I will notify RMTEC of the incident, and (c) I will inform no one else of the discovered identity.
- I will cite the source of information in all publications. The appropriate citation is provided upon fulfillment of the data request.
- I will not misrepresent myself, the organization with which I am affiliated, or how I intend to use the data.
- Terms of use including the purpose, destruction, and publication of data will be agreed to before data are released.
- Tribal Letters of Support and/or a Tribal Resolution may be required prior to the release of data.
- All data requests are subject to availability. RMTEC will make every effort to fulfill requests in a timely manner. Data requests can take two weeks or longer to complete. RMTEC retains the right to deny requests for any reason.
- Any published report or analysis that is derived from this data is to be in accordance with the terms of the research agreement and must contain the following statement:  
*Data used in this study (report) were supplied by the Rocky Mountain Tribal Leaders Council, Epidemiology Center (RMTEC). RMTEC is not responsible for the conclusions of the report or the analysis on which any conclusion is based.*

Please select one:

☐ Accept

☐ Decline

By what date will you need the data? \_\_\_\_\_

How will the data be used? \_\_\_\_\_

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Provide specific details on what data are needed (attach additional sheets if needed): \_\_\_\_\_

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What time period would you like the data to include? ☐ Most recent available ☐ Custom dates (below)

If custom, please specify data time period (mm/dd/yy): \_\_\_\_\_ to \_\_\_\_\_

How many years of data would you like?

☐ One Year ☐ Three Years ☐ Five Years ☐ Ten Years ☐ Other \_\_\_\_\_

What ages would you like the data to include?

☐ All ages combined ☐ Individual years of age ☐ Custom age group (below)

If custom, please specify age range(s) or ages desired: \_\_\_\_\_

Which sex categories are requested?

☐ Both sexes (combined) ☐ Both sexes (not combined) ☐ Male only ☐ Female only

Which categories of race are requested?

☐ All races (combined) ☐ All races (not combined) ☐ Custom race(s) of interest (below)

If custom, please specify: ☐ American Indian / Alaska Native ☐ African American ☐ White

☐ Asian ☐ Native Hawaiian / Pacific Islander

☐ Other (For example, AI/AN and all other races combined) \_\_\_\_\_

Do you want to be able to identify persons of Hispanic or Latino origin? ☐ Yes ☐ No

What is the geographic coverage of the data? ☐ Tribe(s) ☐ County(ies) ☐ State(s) ☐ National

If Tribe(s), please specify: ☐ Blackfeet ☐ Chippewa Cree of Rocky Boy ☐ Crow

☐ Eastern Shoshone ☐ Assiniboine or Gros Ventre of Fort Belknap

☐ Assiniboine or Sioux of Fort Peck ☐ Little Shell Chippewa

☐ Northern Arapaho ☐ Northern Cheyenne

☐ Salish, Kootenai, or Pend 'Oreille of Flathead ☐ Other \_\_\_\_\_

If County(ies), please specify: \_\_\_\_\_

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If State(s), please specify: ☐ Montana ☐ Wyoming

What program would you like the data reported in?

☐ Microsoft Word ☐ Microsoft Excel ☐ SAS ☐ Other \_\_\_\_\_

What media format would you like the requested data in?

☐ Paper/Hard Copy ☐ E-mail ☐ CD

How often would you like this requested data?

☐ Once ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually ☐ Other \_\_\_\_\_

Will the data provided by RMTEC be published?

☐ Yes. Where will it be published? \_\_\_\_\_ ☐ No

Please specify any additional requests (attach additional sheets if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By signing below, I certify all information in this request is true and correct to the best of my knowledge.  
I will notify RMTEC of any changes.

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tribal Health Director Signature  
*Health Director signature only required if requesting  
Tribally owned data*

\_\_\_\_\_  
Date

Thank you for filling out the Technical Assistance Request Form. All requests for technical assistance are subject to the availability and existing obligations of RMTEC staff. RMTEC will make every effort to fulfill requests, and in a timely manner. RMTEC retains the right to deny requests for any reason.