

TECHNICAL ASSISTANCE FOR PUBLIC PARTICIPATION (TAPP) APPLICATION		<i>Form Approved</i> <i>OMB No. 0704-0392</i> <i>Expires Oct 31, 2006</i>	
The public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0392). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.			
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO INSTALLATION LISTED IN SECTION I, BLOCK 1.			
SECTION I - TAPP REQUEST SOURCE IDENTIFICATION DATA			
1. INSTALLATION			
2. SOURCE OF TAPP REQUEST <i>(Name of Restoration Advisory Board (RAB) or Technical Review Committee (TRC))</i>			
3. CERTIFICATION OF MAJORITY REQUEST		4. DATE OF REQUEST <i>(YYYYMMDD)</i>	
5. RAB POINT OF CONTACT			
a. NAME <i>(Last, First, Middle Initial)</i>		b. ADDRESS <i>(Street, Apt. or Suite Number, City, State, ZIP Code)</i>	
c. TELEPHONE NUMBER <i>(Include Area Code)</i>			
SECTION II - TAPP PROJECT DESCRIPTION			
6. PROJECT TITLE			
7. PROJECT TYPE <i>(Data Interpretation, Training, etc.)</i>			
8. PROJECT PURPOSE AND DESCRIPTION <i>(State anticipated goals of project and relate to increased understanding/participation in restoration process at the installation. Include descriptions, locations, and timetables of products or services requested.)</i>			
9. STATEMENT OF ELIGIBILITY <i>(Refer to eligibility criteria in S203.10 and S203.11 of TAPP rule. Note other sources that were considered for this support and state reasons why these sources are inadequate.)</i>			
10. ADDITIONAL QUALIFICATIONS OR CRITERIA TO BE CONSIDERED <i>(Additional qualifications (beyond those specified in S203.12) a provider should demonstrate to perform the project to the satisfaction of the RAB/TRC. Attach separate statement, if necessary.)</i>			
SECTION III - INSTALLATION COMMANDER/DESIGNATED DECISION AUTHORITY APPROVAL			
	APPROVED	11. SIGNATURE	12. TITLE
	NOT APPROVED		13. DATE <i>(YYYYMMDD)</i>

SECTION IV - PROPOSED PROVIDER DATA				
14. PROPOSED PROVIDER				
a. NAME		b. ADDRESS <i>(Street, Apt. or Suite Number, City, State, ZIP Code)</i>		
c. TELEPHONE NUMBER <i>(Include Area Code)</i>				
15. PROVIDER QUALIFICATIONS <i>(Attach separate statement, if necessary. A statement of qualifications from the proposed technical assistance provider will be acceptable.)</i>				
16. ALTERNATE PROPOSED PROVIDER <i>(If known. Attach additional pages as required.)</i>				
a. NAME		b. ADDRESS <i>(Street, Apt. or Suite Number, City, State, ZIP Code)</i>		
c. TELEPHONE NUMBER <i>(Include Area Code)</i>				
17. ALTERNATE PROVIDER QUALIFICATIONS <i>(Attach separate statement, if necessary. A statement of qualifications from the proposed technical assistance provider will be acceptable.)</i>				
SECTION V - CONTRACTING OFFICE APPROVAL				
☐	APPROVED	18. SIGNATURE	19. TITLE	20. DATE (YYYYMMDD)
☐	NOT APPROVED			