

HRSA's Ryan White HIV/AIDS Program (RWHAP)

Clinical Quality Management (CQM)

Technical Assistance Request Form

Please provide the following information and email the form to HRSAHABRWHAPQuality@hrsa.gov. We will review the information and assign you to a member of the HRSA HIV/AIDS Bureau Clinical and Quality Branch. Thank you.

Section 1: Grant Recipient Information	
Recipient name: <i>Organization</i>	
City:	
State:	
Name: <i>Technical assistance contact</i>	
Role:	
Email address:	
Phone number:	
Select the grant(s) you receive directly from the HRSA HIV/AIDS Bureau: <i>Select all that apply</i>	<input type="checkbox"/> Part A
	<input type="checkbox"/> Part B
	<input type="checkbox"/> Part C
	<input type="checkbox"/> Part D
	<input type="checkbox"/> Part F Dental
	<input type="checkbox"/> AETC
Section 2: HIV/AIDS Bureau Project Officer(s)	
Name (s): <i>List all if directly funded across multiple parts</i>	
Division: <i>Select all that apply</i>	<input type="checkbox"/> Division of Community HIV/AIDS Programs
	<input type="checkbox"/> Division of Metropolitan HIV/AIDS Programs
	<input type="checkbox"/> Division of State HIV/AIDS Programs
	<input type="checkbox"/> Office of Program Support
Section 3: CQM Technical Assistance Request	
Requested start date:	
Is this request a result of a HIV/AIDS Bureau site visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Select the primary topic(s) for your request: <i>Select all that apply</i>	<input type="checkbox"/> Policy Clarification Notice 15-02 Overview
	<input type="checkbox"/> CQM program infrastructure (general)
	<input type="checkbox"/> CQM plan
	<input type="checkbox"/> CQM committee
	<input type="checkbox"/> CQM program evaluation
	<input type="checkbox"/> Involvement of stakeholders and people with HIV
	<input type="checkbox"/> Performance measurement
	<input type="checkbox"/> Quality improvement
<input type="checkbox"/> Subrecipient support	
Provide any other important information about this request	