

## Critical Infrastructure Asset Protection Technical Assistance Program (CAPTAP)

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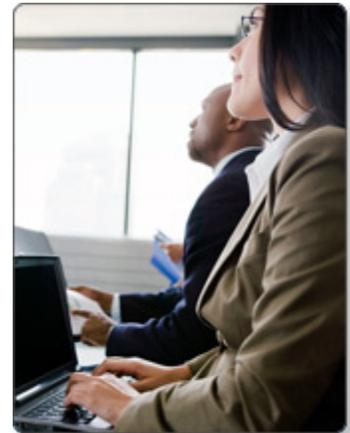
The DHS Office of Infrastructure Protection, in collaboration with FEMA's National Preparedness Directorate, provides the Critical Infrastructure Asset Protection Technical Assistance Program.

The CAPTAP service assists State and local law enforcement, emergency responders/managers, and other homeland security officials to develop and implement comprehensive critical infrastructure protection programs using the Automated Critical Assessment Management System (ACAMS) as a tool to support these programs.

The CAPTAP technical assistance program covers the following topics:

- Developing and implementing an infrastructure protection program
- Conducting infrastructure site assessments
- Using the ACAMS tools

States and urban areas can request to host a CAPTAP session by submitting a completed Technical Assistance Request Form to the FEMA Centralized Scheduling and Information Desk at 1-800-368-6498 or [ackcsid@dhs.gov](mailto:ackcsid@dhs.gov).



## Technical Assistance (TA) Request Form

TA Requestor: \_\_\_\_\_ Date: \_\_\_\_\_  
(State or Urban Area requesting TA)

Please describe the nature and extent of the issue or problem you are experiencing:

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TA Service Requested: **CI/KR Asset Protection Technical Assistance Program (CAPTAP)**

Jurisdiction Level to Receive TA:       State       Urban Area       Both

Additional Information: \_\_\_\_\_

Request is consistent with the technical assistance goals, projected needs, and priorities addressed in the State and/or Urban Area Homeland Security Strategy.

- Yes. If "yes," please list the strategy goal/objective: \_\_\_\_\_
- No. If "no," please attach an explanation or strategy update justifying this need for technical assistance or redefining goals, objectives, and priorities.

Desired Delivery Dates/Timeline: \_\_\_\_\_

Have you identified a facility to host the TA delivery that meets the identified requirements (**35 workstations with internet access**)?       Yes       No      Facility name and location: \_\_\_\_\_

Anticipated Number of TA Participants (**maximum 20**): \_\_\_\_\_

List of TA Service Participants (**maximum 20**) Attached to this Request Form:       Yes       No

List of 3 Potential Sites Available for Assessment Attached to this Request Form:       Yes       No

Additional Information on Specific Needs: \_\_\_\_\_

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TA Requestor Point of Contact Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
SAA or UAWG Authorized Signature

\_\_\_\_\_  
FEMA/NPD Preparedness Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
DHS IP/PCII Authorized Signature

\_\_\_\_\_  
DHS IP/IICD Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date