



FLORIDA HEALTHCARE ENGINEERING ASSOCIATION

District Request Form for State Funding for Educational Programs

As a way to encourage FHEA districts to offer quality educational programs that might entail speaker honorariums, the FHEA board of directors makes up to \$1,000 available per district per year to help offset the cost of such programs. Please use this form to request this funding.

DISTRICT _____ DATE _____

DISTRICT PRESIDENT _____

FACILITY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

DATE OF EDUCATIONAL PROGRAM _____

LOCATION OF PROGRAM _____

NAME OF PRESENTATION _____

SPEAKER _____

PRESENTATION SUMMARY _____

(If additional space is needed, please provide information on second sheet and submit with request.)

ESTIMATED SPEAKER HONORARIUM/EXPENSES \$ _____

OTHER ANTICIPATED EXPENSES \$ _____

TOTAL REQUESTED AMOUNT \$ _____

Application for ASHE CEU's has been made. Please note that funding is contingent upon ASHE CEU's being awarded for program.

District President Signature _____

If approved, check for requested amount will be made payable to the FHEA district. Please provide address to mail the check.

NAME _____

FACILITY _____

ADDRESS _____

CITY/STATE/ZIP _____

Approved _____ FHEA State President _____ Signature _____

Not Approved _____ FHEA State Treasurer _____ Signature _____