



# 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 CEUs has been made. Please note that funding is contingent upon ASHE CEUs 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 \_\_\_\_\_