



Office use only
Date recvd: _____
Date appd: _____
Date Notified: _____

State of Hawaii
ASL Interpreter CEU Workshop
Request for Funding Application Form

Submit this application form if you intend to host a CEU workshop and are requesting funds from the Disability and Communication Access Board (DCAB). **Note: Funding may not exceed \$1,600.** The application form must be submitted to DCAB no later than sixty (60) days prior to the date of the workshop, or as far in advance as possible to allow DCAB enough time to process your request.

Date: _____

Name of requesting entity: _____

Contact Person: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Name of Presenter(s): _____

Title of workshop(s): _____

Date(s) of the workshop or educational activity: _____ Time(s): _____

Location of workshop: _____

Purpose of workshop: _____

Target Audience: _____

Will workshop(s) be conducted in ASL? Yes No

Is this workshop(s) open to non-interpreters? Yes No

Total CEU Hours: _____ Type: Professional (PS) General (GS)

Workshop Fee: _____

Please see reverse to complete the application.

Proposed Budget: \$ _____

Breakdown:

Speaker Honorarium: \$ _____ Speaker Travel Cost: \$ _____

Facility Costs: \$ _____ Materials & Other Supplies: \$ _____

Admin Overhead: \$ _____ Other (please explain): _____

Proposed Income/Revenue: \$ _____ (must equal Proposed Budget)

Breakdown:

Amount Requested from DCAB: \$ _____

Amount Provided By Sponsor: \$ _____

Amount from Fees: \$ _____

Other (please explain): _____

The requesting entity agrees to the following, to be included in a Memorandum of Agreement (MOA):

- Entity will provide a Certificate of Completion and will sign a Participant Verification form for attendees seeking CEUs.
- Entity will acknowledge all sponsors, including DCAB.
- DCAB monies may not be used for food or refreshments.
- Entity will develop publicity materials (distribute as needed), arrange site logistics, take registrations, prepare workshop materials, and coordinate speaker travel.
- Entity will distribute DCAB evaluation form.
- Entity will provide DCAB with copies of attendance sheets.
- Entity will invoice DCAB upon signatures of the MOA and pay workshop costs in accordance with approved MOA.

Signature: _____ Date: _____

Please return application to:

Disability and Communication Access Board
c/o HQAS Administrator
1010 Richards Street, Room 118
Honolulu, HI 96813