



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 \$2,000.** The application form must be submitted to DCAB on or before February 28, 2019. Workshops must be offered before September 30, 2019

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: _____

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):

- Workshop(s) must be conducted in American Sign Language.
- Workshop(s) must be open to all working interpreters.
- 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 execution 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