



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 \$2,400.** The application form must be submitted to DCAB on or before March 16, 2020.

Date: \_\_\_\_\_

Name of requesting entity: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

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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: \_\_\_\_\_

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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): \_\_\_\_\_

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

**Breakdown:**

Amount Requested from DCAB: \$ \_\_\_\_\_

Amount Provided By Sponsor: \$ \_\_\_\_\_

Amount from Fees: \$ \_\_\_\_\_

Other (please explain): \_\_\_\_\_

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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 and free for those who have the Hawaii State Sign Language Interpreter Credential.
- 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