

FUNDING REQUEST FORM

Conference focus *LESS* than sixty percent (60%) EMS

The Nebraska Emergency Medical Services Program will be recognized as a participant in the funding on all promotional materials.

Please submit one form per class or instructional period, at least 45 days prior to the conference date.

CONFERENCE INFORMATION:

Conference Name _____ Date _____

Contractor Name _____

The focus of the conference is: EMS _____ Fire _____ EM _____

Total number of classes being taught during the conference _____

Total number of EMS classes being taught during the conference _____

CLASS INFORMATION:

Class Title _____

Instructional Goal(s): _____

Primary method of instruction: Lecture _____ Skills _____ Lecture and skills _____

Length of training (class or continued session) _____ Hour(s) _____ Minutes

Class Instructor _____

Instructor's Address _____

INSTRUCTOR FUNDING :

Instructor will teach _____ hours X amount paid at maximum of \$ _____

per hour + \$10.00 (one-time set up fee) = Total payment for instructor of \$ _____

Example: Instructor will teach 1.5 hours X amount paid (\$22.50 per hour) = \$33.75 plus one time fee of \$10.00 for set up = Total payment of 43.75. The amount listed on the form cannot exceed the amount paid to the instructor (the Nebraska EMS Program will pay up to \$22.50 per hour for instruction).

TOTAL PAYMENT REQUESTED \$ _____

*To receive funding, the **signed contract**, the **training attendance roster(s)** and a **conference brochure** must be submitted to the State of Nebraska EMS Program.*

Approved: Yes No

Disapproval:

Approved by:

Reason:

Date: