



MINNESOTA BOARD OF FIREFIGHTER TRAINING AND EDUCATION
445 MINNESOTA STREET, SUITE 146
SAINT PAUL, MN 55101
TELEPHONE: 651-201-7257 FAX: 651-215-0525
EMAIL: fire-training.board@state.mn.us
WEBSITE: www.mbfte.org

**Conference, Seminar, Training Class
Symposium, Special Event**

FY 2018 Reimbursement Grant Application

Application Date: _____ Grant Requested Amount: _____
(\$5,000 Maximum)

Organization/Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Title: _____ Email: _____

Phone Number: _____ Cell Number: _____

What is the mission or goal of the organization applying for the reimbursement grant?

Who is the target audience of your event? _____

What will the requested reimbursement grant funds be used for? **Be specific on name of speaker, topic/training, duration and location(s)**

Is the reimbursement grant amount requested by your organization/agency the total amount needed to fund the conference, seminar, training class, symposium or special event?
Yes _____ No _____

If this request can only be partially funded by the MBFTE would you still be able to proceed with this project?

Yes _____ No _____

If no, please provide an explanation?

Please define your budget and the costs associated with this project.

How many individuals, communities, counties, regions or agencies will your organization/agency serve with this project?

NOTE: If awarded this grant the applicant shall notify the MBFTE of the date, time and location at least 30 days prior to the event taking place. A signed roster and evaluation forms (provided by the applicant) for each session is required to be submitted to the MBFTE along with your reimbursement form and copies of related invoices.

Additional Comments

NOTE: This grant is restricted to ONE (1) grant per organization, per project, per fiscal year and a maximum grant award of \$5,000.

Applicant signature

Printed name of applicant

Date:

You must submit by July 7, 2017 via email to steve.flaherty@state.mn.us

Minnesota Board of Firefighter Training and Education (only)	
Date application received _____	Received by: _____
Application approved: _____	Approved Amount _____