

Minnesota Board of Firefighter Training and Education 445 Minnesota Street, Suite 146 St. 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, Symposium, Special Event Reimbursement Program Application – FY 2025

Application Date	Project Request Amount						
	\$5000 maximum						
Requesting Agen	cy/Organization Information						
Agency/Organization	Number of Personnel in Organization						
Address							
Contact Name	Title						
Phone	Email						
How will this reimbursement funding help your organization/agency achieve its goal(s)/mission?							
	Tuent Details						
Event Details Please provide information about your event to assist with funding determination.							
Speaker Name(s)							
Topic(s)							
Target Audience ☐ Firefighters ☐ Line Offi	cers Chief Officers Other						
Training Duration Lo	cation						
Training Type ☐ Lecture ☐ Hands (On Other						
Single Department							
☐ 2-5 Departm Regional Offering ☐ 6+ Departme ☐ Open for any							
	nembers only						
Anticipated # of Attendees Anticipated # of Attendees from Your Organization							
Please add any additional description/details about this offering							

Budget Details

Is the amount requested the total amount needed to fund the event?					☐ Yes	\square No
If no, what is the amount ne	eeded for th	ne entire	program/project?			
If this request can only be partial	ly funded, v	will you s	till be able to conduc	t the training?	☐ Yes	□ No
If no, please provide an exp	lanation:					
Please provide a bud	get breakdo Amo		uding all anticipated of Details / Explar		ted) costs	
Consider:	\$, ,			
Speaker(s) Fees Travel / Hotel Location Rental Marketing / Admin Food / Drinks Other Related Expenses	\$					
	\$					
	\$					
	\$					
* Food and administration costs are not covered	\$					
TOTAL	\$		_			
Completed applications, a MBFTE Director Steve Flahert This funding is restricted to ONE allov \$5000.00. NOTE - If awarded any amount: MBFTE logo shall be present on covered by this funding request Recipient shall notify the MBFTE Submit your reimbursement for	all promotio	herty@s ganization nal mater	tate.mn.us) by 4:30 pm/project, per State fisconials, so attendees are in disconials.	om (CST) on Frida al year, with a man of ormed that part ays prior to the eve	ay, July 5, 2 ximum award of the costs went.	024. I of
Applicant Signature			Printed Name		Date	
Date received		MBFTE A	Administration			