

New Mexico EMT Assn., Inc.  
Request for Funding

Organization \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

Amount requested \_\_\_\_\_ Date of event \_\_\_\_\_

Type of event  Refresher  Mini-conference  Class  Other

Please tell us about your event, including number of people expected, number of CE's to be offered, level(s) of audience (e.g., EMT's, Paramedics, RN's, etc.), and how you plan to spend the requested funding from the NMEMTA. Attach no more than one additional page if needed.

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Please attach any fliers, promo emails, agenda, or other information that will support your request.

If funding is approved, Applicant agrees to acknowledge NMEMTA's contribution in printed and promo materials.

Applicant agrees to provide receipts for expenditures (as requested) and a post-event summary report to NMEMTA. Send to: [sbmayeux@gmail.com](mailto:sbmayeux@gmail.com)

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_

Approved (NMEMTA Board) \_\_\_\_\_

Funded \_\_\_\_\_