

Illinois NENA ~ Educational Grant Application

INENA Region Number:	INENA Regional Vice-President:
Agency Name:	Agency Address:
Contact Name:	Telephone Number:
Class Name:	Class Date(s):
Class Instructor:	Total Number of Class Hours:
Class Location:	Total Number of Attendees:
Estimated Funding Information	
Item Description:	Estimated Expense:
Item Description:	Estimated Expense:
Item Description:	Estimated Expense:
Item Description:	Estimated Expense:
Item Description:	Estimated Expense:
Grant Amount Requested:	Date Submitted:
Brief Description of Grant Purpose:	
Relationship to the Promotion of 9-1-1 in Illinois:	
Contact Signature:	Title: Phone#:
<i>All applications must be submitted to your INENA Regional Vice-President 90 days prior to the class date. INENA Regional Vice-President contact information can be obtained from the INENA web site at www.illinoisnena.org</i>	