



# Programs Sessions Report

\* Please complete one report per session (i.e. if doing sessions for Moms and Blood Brotherhood, please complete 2 reports)

Assisting and advocating for the bleeding disorders community.

Member Organization: \_\_\_\_\_ Coordinator: \_\_\_\_\_

Activity/Event: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

### Audience (check all that apply)

- Families  Dads in Action  Moms in Action  Kids in Action
- Blood Brotherhood  Blood Sisterhood  Other: \_\_\_\_\_

### Educational Component (check all that apply)

- Presentation  
Topic: \_\_\_\_\_  
Speaker (include credentials): \_\_\_\_\_  
Facilitator: \_\_\_\_\_
- Educational Peer Support (Facilitated Rap Session)  
Facilitator: \_\_\_\_\_
- HFA Program Platinum Donor Was Invited & Acknowledged at Session
- HFA Program Platinum Donor Representative Attended Session

### Health/Wellness Component (check all that apply)

- Health/Wellness Educational Topic (select specific presentation below)
- Physical Activity (e.g. walking, hiking, swimming, yoga, etc.)
- Peer Support "rap" session on healthy behaviors
- Distribution & Discussion of HFA Wellness Print Materials

### Social Component

- Please Describe \_\_\_\_\_

### Event Reimbursement (check all that apply)

**NOTE: \*To avoid delay in processing, please provide detailed/itemized (and legible) receipts!**

- Facility Rental \$ \_\_\_\_\_
- Event Supplies \$ \_\_\_\_\_
- Audio/Video Rental \$ \_\_\_\_\_
- Event Tickets \$ \_\_\_\_\_
- Food & Drink/Catering (does not include alcohol) \$ \_\_\_\_\_
- Participant Hardship Expense\* \$ \_\_\_\_\_  
*(Must include names of participants)*

**\*TOTAL REQUEST: \$ \_\_\_\_\_** *Attach itemized receipts.*

Total Number of Participants	Those with a Bleeding Disorder	Notes:
Blood Brothers _____	_____	_____
Blood Sisters _____	_____	_____
Moms in Action _____	_____	_____
Dads in Action _____	_____	_____
Children/Teens _____	_____	_____
Spouses/Partners _____	_____	_____
<b>Total:</b> _____	_____	_____



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## Administrative Support Tracking Log \* This information will be used for tracking purposes only.

Category	Date	\$\$	Payee	Notes
Printing				
Postage				
Phone/Internet				
Staff Hours/\$\$				
Office Supplies				

\*Note: Maximum administrative monies per session is \$500. Overall administrative support monies will be divided between all eligible member organizations and may not reflect total dollars reported on Administrative Support Tracking Log.

**Although not necessary to submit receipts, please keep receipts or documentation in the event it is requested for audit.**

### We certify that this information is accurate and request reimbursement:

HFA Member Organization Partner Coordinator: \_\_\_\_\_

HFA Member Organization Executive Director: \_\_\_\_\_

Please Remit to:



**Preferred Option:** Submit via HFA Member Organization Portal  
<http://www.hemophiliafed.org/members-portal/>

**Option 2:** Email to [hfaprograms@hemophiliafed.org](mailto:hfaprograms@hemophiliafed.org)

**Option 3:** Fax to (202) 675-6983

**Option 4:** Mail to:  
Hemophilia Federation of America  
820 First Street NE, Suite 720 | Washington, DC 20002