Medical Education Grant Request Form

FORM-MAF-0002 V01 / ATTACHMENT #1: SOP-MAF-0003

Please complete and return this form and the following documents to request a Medical Education Grant. Grant requestors will be notified within 30 days of submission.

The documents listed at the right must be submitted to grants@sklsi.com, along with a completed Medical Education Grant Request form:

CONTACT INFORMATION

- An overview/summary of the program
- A detailed program agenda that specifies who the speakers for the program are, when and what they are going to be speaking on and each speaker's affiliation.
- · A detailed program budget
- A completed IRS W-9 Form (which must have the requestor's exact legal name)
- Any other supporting materials for the Grant Review Committee.

Organization Name:					
Contact Person:	Is the organization a non-profit?	Yes	No		
	If yes, copy of the IRS Determination Letter is attached.				
	If the organization is a corporation, what is its state of incorporation?				
	Accounting Contact:				
	Would you like to receive payment via A If yes, please provide banking information.		Yes	No	
EVENT					
Title:	Date(s):				
Туре:	Facility Name & Location:				
Number of Attendees:					
Name and Affiliation of Speakers:					
Background of Attendees:					



	Date	Date		
Print Name	Title			
I confirm this medical education program is independent from S responsible for selecting content, speakers, faculty, attendees, to				
Attach full itemized budget for the entire event with a breakdown of describing proposed use of grant funds.	Date by w	Date by which financial support is required:		
Total Program Budget:	Amount R	Amount Requested:		
FUNDING				
Has this event been supported by SKLSI in the past? If yes, in the amount of:	Yes	No		
May a member of the SKLSI Medical Team attend?	Yes	No		
List methods to assess success of goals and objectives.				
List any enduring education materials.				
Provide a description of how the project will benefit patient can	re, knowledge, or c	ther public health obje	ectives.	
Summary of project to be funded including goals and objectives				
Will support be used to provide meals to physicians?	Yes	No		
Is this an Accredited CME Event?	Yes	No		

