



## Medical Education Grant Request Form

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 below must be submitted to [grants@sklsi.com](mailto:grants@sklsi.com), along with a completed Medical Education Grant Request form:

- 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.

Contact Information		
Organization Name		
Is the organization a non-profit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Attach a copy of the IRS Determination Letter	
If the organization is a corporation, what is its state of incorporation?		
Contact Person/Title		
Mailing Address		
Email		
Phone		
Event		
Title		
Type		
Date(s)		
Facility Name and Location		
Number of Attendees		
Name and Affiliations of Speakers		
Background of Attendees		
Is this an Accredited CME Event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Will support be used to provide meals to physicians?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Summary of project to be funded including goals and objectives.		
Provide a description of how the project will benefit patient care, knowledge, or other public health objectives.		
List any enduring education materials.		
List methods to assess success of goals and objectives.		
May a member of the SKLSI Medical Team attend?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this event been supported by SKLSI in the past?	<input type="checkbox"/> Yes, in the amount of \$ _____	<input type="checkbox"/> No
<b>Funding</b>		
Total Program Budget		
Amount Requested		
Itemized budget for the entire event with a breakdown of describing proposed use of grant funds.	PLEASE ATTACH FULL BUDGET	
Date by which financial support is required.		

<b>Signature</b>	
I confirm this medical education program is independent from SK Life Science, Inc. ("SKLSI") influence, and the organization is responsible for selecting content, speakers, faculty, attendees, topics, and logistical elements of the program.	
Name (Signed)	Name (Printed)
Title	Date