

Medical Education Grant Request Form

MED-US-SKLSI-0002

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:

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:

Contact Person:

Name

Title

Address

City, State

Email

Phone

Is the organization a non-profit?

Yes

No

If yes, copy of the IRS Determination Letter is attached.

EVENT

Event Title:

Date(s):

Type:

Facility:

Location:

Number of Attendees:

Name and Affiliation of Speakers:

Name(s)

Affiliation

Background of Attendees:

Is this an Accredited CME Event?

Yes

No

Will support be used to provide meals to physicians?

Yes

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? Yes No

Has this event been supported by SKLSI in the past? If yes, in the amount of: Yes No

FUNDING

Total Program Budget:

Amount Requested:

Date financial support is required:

Must receive executed agreement 30 days prior to date of financial support.

Accounting Contact:

Routing Number

Account Number

Contact Name

Email

We are only providing funding via ACH payment, please provide banking information below.

CHECK BOXES OFF TO CONFIRM ALL INFORMATION NEEDED INCLUDED IN SUBMISSION

- Attach program overview and detail agenda specifies who the speakers for the program are, when and what they are going to be speaking on and each speaker's affiliation.
Attach full itemized budget for the entire event with a breakdown of describing proposed use of grant funds.
Attach a completed IRS W-9 Form

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.

Print Name

Title

Signature

Date