



Seattle Institute for Biomedical and Clinical Research

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Request for Review and Approval of Non-Profit Educational Activity

Request submitted by: Date:
Responsible SIBCR Member:
Purpose:
Target Audience:
Source of Funds:
One time event [ ] Ongoing [ ]
Funds will be used to support the following educational activity:
[ ] To sponsor a seminar or seminar series
[ ] To sponsor staff or patients to attend education and training activity
[ ] For requestor to attend education and training activity
Note: SIBCR cannot obligate/encumber funds without a grant award.
Fill in below or attach additional pages as necessary:
Name of person(s) who will participate in the activity if different from the person submitting the request:
Describe the education and training activity and explain how it will benefit the VA:
Attach budget and explain intended use of funds in the space provided:
Attach supporting documentation if available (program brochure, course description, etc.):
Identify the person reporting to the EC:
Member Signature:
For SIBCR Use Only
[ ] Approved [ ] Disapproved
By Eileen Lennon, PhD Executive Director Date:
Referred to Education Council: Date: