

Seattle Institute for Biomedical and Clinical Research

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 <input type="checkbox"/>	Ongoing <input type="checkbox"/>
Funds will be used to support the following educational activity: <input type="checkbox"/> To sponsor a seminar or seminar series <input type="checkbox"/> To sponsor staff or patients to attend education and training activity <input type="checkbox"/> For requestor to attend education and training activity  <p style="text-align: center;">~~~Note: SIBCR cannot obligate/encumber funds without a grant award.~~~</p> <p><b>Fill in below or attach additional pages as necessary:</b></p> 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:  _____	
<b>For SIBCR Use Only</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  By _____ Date: _____ Eileen Lennon, PhD Executive Director	
Referred to Education Council:	Date: _____