

## Approval Form for Industry-sponsored Stipend and Benefit funding of GME positions

Form must be submitted a minimum of 30 days in advance of the activity to be approved.

1. Training Program Name: \_\_\_\_\_
2. Title of grant or award: \_\_\_\_\_
3. Name of vendor/organization: \_\_\_\_\_
4. Amount of award \_\_\_\_\_
5. Dates (duration) of award \_\_\_\_\_
6. Department Contact for Follow up: \_\_\_\_\_

YES

NO

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 7. Does the vendor require naming an individual trainee or trainees as recipient(s) in order for funds to be awarded?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Will source of funding be hidden from trainee(s)?<br>If no, why?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>   |                          |                          |
| 9. Does the vendor require that the trainee(s) participate(s) in any activities (such as travel to a particular conference) as part of the agreement for accepting funding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are departmental funds available for this position?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has trainee completed conflict of interest training<br>Please describe format/training:   | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>   |                          |                          |
| 12. Is the SOM Grants and Contracts office aware of this application?   | <input type="checkbox"/> | <input type="checkbox"/> |

\*Name/signature of Department Chair and date:

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\* By signing above the Chair acknowledges that her/his name must be provided to the Vendor for purposes of any required reporting by the Sunshine Act.