

Conference/Meeting Approval Form

Conference Title/Topic	
Sponsoring Office(s)	
Dates Held/To Be Held	
Location:	
City:	
State:	
Country:	
Audience:	
Profession:	
Percentage of Federal vs. Percentage of Non-Federal	
Purpose of Conference:	

Total Obligation ¹ :	
Justification of Costs:	
1. Primary Method Used to Support the Conference (check one):	
<input type="checkbox"/> Government Staff <input type="checkbox"/> Contractor <input type="checkbox"/> Grantee <input type="checkbox"/> Cooperative Agreement Awardee <input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> Federal Space <input type="checkbox"/> Non-Federal Space	
If not in Federal Space, an explanation why not:	

IC Executive Officer	Date
Head of the Contracting Activity (Required for all meetings/conferences >\$100K)	Date
Deputy Director of Management (Required for all meetings/conferences >\$100K)	Date

NIH (01-2012)

¹ Excluding the government FTE salary and benefits costs associated with staff planning, supporting, or attending the conference or acquiring the meeting space.