



Grant Approval Form

****Leadership Grants ONLY are pre-approved for submission. Please submit this form to Grant Writer upon Grant Application Submission to SEF.**

Grant Applicant Information

Name _____
 School/Department _____
 Telephone # _____
 Fax # _____
 Email _____

Title of Submission _____
 Brief Description of Grant _____

Grant Source Information

Type of Grant _____ Direct Grant
 Grant Source _____ Spotsylvania Education Foundation
 Name of Grant _____ SEF Dr. Hill Leadership Grant
 Web address of Source _____ <http://www.sef4education.org/>
 Mailing Address of Source _____ 8020 River Stone Drive
 _____ Fredericksburg, VA 22407
 Phone Number of Source _____ 540-834-2500
 Fax Number of Source _____ 540-834-2550

*****Please attach a copy of the completed grant application.**

Grant Information

Start Date _____
 End Date _____
 Deadline for Submission _____
 Amount of Grant Funds Requested \$ _____
 Reporting Requirement No _____

No. of Students benefiting _____
 No. of Teachers benefiting _____
 Amount of Local Match, if required N/A _____
 Focus Area _____

For Grant Office Use ONLY

Date Received

Required Signatures

Date School Board Accepted Grant

Grant Application Point of Contact

Date

School Principal/Dept. Supervisor

Date

Grant Coordinator

Date

Technology (if affected)

Date

Human Resources (if affected)

Date

Chief Financial Officer (if affected)

Date

Superintendent/Designee

Date