



# Grant Approval Form

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

## Grant Applicant Information

Grant Application Point of Contact \_\_\_\_\_

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 Provider \_\_\_\_\_ SEF SEED 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	_____	No. of Students benefiting	_____
End Date	_____	No. of Teachers benefiting	_____
Deadline for Submission	_____	Amount of Local Match, if required	N/A
Amount of Grant Funds Requested	\$ _____	Focus Area	_____
Reporting Requirement	No _____		

**For Grant Office Use ONLY**

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Date Received

Date School Board Accepted Grant

**Required Signatures**

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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