



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

Date Received

Date School Board Accepted Grant

Required Signatures

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