



Grant Approval Form

****SEF IDEA 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 Provider _____
SEF IDEA 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

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