



# Grant Approval Form

**\*\*SEF IDEA Grants ONLY are pre-approved for submission. Please submit this form to [jmharris@spotsylvania.k12.va.us](mailto:jmharris@spotsylvania.k12.va.us) 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

**Required Signatures**

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

\_\_\_\_\_  
School Principal/Dept. Supervisor

\_\_\_\_\_  
Grant Coordinator

\_\_\_\_\_  
Technology (if affected)

\_\_\_\_\_  
Human Resources (if affected)

\_\_\_\_\_  
Chief Financial Officer (if affected)

\_\_\_\_\_  
Superintendent/Designee

\_\_\_\_\_  
Date School Board Accepted Grant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date