



# Grant Approval Form

\*Dr. Jerry Hill Leadership Grants ONLY are pre-approved for submission. Please submit this form to [info@sef4education.org](mailto:info@sef4education.org) with your grant application packet.

## 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 Dr. Jerry Hill Leadership Grant \_\_\_\_\_  
Web address of Source \_\_\_\_\_ <http://www.sef4education.org/> \_\_\_\_\_  
Mailing Address of Source \_\_\_\_\_ 8020 River Stone Drive \_\_\_\_\_  
\_\_\_\_\_  
Phone Number of Source \_\_\_\_\_ 540-834-2500 \_\_\_\_\_  
Fax Number of Source \_\_\_\_\_ 540-834-2550 \_\_\_\_\_

## 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**

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Date Received

**Required Signatures**

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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

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Date

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