

**SFSC FOUNDATION  
2018-2019 INNOVATION GRANT  
REQUEST FORM**

Person Requesting Grant: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Department: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Detailed Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will this benefit SFSC? \_\_\_\_\_

\_\_\_\_\_

Timeline of Event/Project: \_\_\_\_\_

\_\_\_\_\_

For review at the \_\_\_\_\_ Foundation Board Meeting.  
(Date of meeting)

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Signatures (required before submitting to Foundation):

\_\_\_\_\_  
Requestor Signature/Date

\_\_\_\_\_  
Supervisor Signature/Date

\_\_\_\_\_  
Controller (Melissa Lee)/Date

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**SFSC FOUNDATION ACTION**

Date received by Foundation: \_\_\_\_\_

Date presented to Foundation Board: \_\_\_\_\_

\_\_\_\_\_ Approved      \_\_\_\_\_ Denied

Amount: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Date decision returned to applicant: \_\_\_\_\_