

SFSS GRANTING APPEAL FORM

1. PROPONENT INFORMATION

First Name: _____
Last Name: _____
Email: _____
Telephone: _____
Student Number (if applicable): _____
Affiliate SFSS Group or External
Organization: _____
Proposal Title _____

2. GRANT INFORMATION

Grant ID Number _____
Grant Approved By _____
Total Grant Value: _____
Total Revenue Generated (if any): _____

3. DESCRIPTION

Please describe why you do not agree with the decision, your rationale, and explanation.