

# 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.