



Default Prevention Grant Pre-Approval Form – SFY 2017

Institution name		
Contact name	Fax number	
Email address	Date	
Activity name		
Description of request:		
Estimated cost Details		
Travel/training		
Equipment		
Materials/supplies		
Consultants, servicers, contracts		
Software		
Printing/copying (attach image)		
Student seminars		
Other (define) _____		
Total		
For MDHE Default Prevention Staff Only		
<input type="checkbox"/> Approved by _____ Date _____		
<input type="checkbox"/> Not approved. Recommended the following changes:		
<p>Disclaimer: Event must be performed as described to ensure pre-approval will result in reimbursement.</p>		