

1850 North Grand Avenue West
Springfield, IL 62702
Phone: (217) 793-1802 Fax: (217) 793-9454
E-mail: cef@cidlcms.org
Website: www.cid-cef.org

GRANT REQUEST

“The mission of the Church Extension Fund is to provide opportunity to make funds available in support of the great Commission.” (Matthew 28)

INTRODUCTION:

The Church Extension Fund is aware that situations may exist outside of the CEF Ministry Outreach Grant Program for which churches and LCMS organizations within the Central Illinois District have needs that are challenging to fulfill within their normal circumstances. This grant request is available for submission of those needs to the Church Extension Fund Board of Trustees for review; approval is contingent on the availability of funds and evaluation as a worthy endeavor to benefit His Kingdom.

CRITERIA:

The following criteria form the basis upon which proposals to the CEF Board of Trustees for Grants Requests will be considered and evaluated:

- Presents a ministry consistent with the mission and purpose of the District.
- Is timely – possesses a degree of urgency and appropriateness.
- Is recognized by knowledgeable persons in the field or District to be a valid issue, concern or need.
- Is carried out by a credible and experienced organization and staff.
- Has provisions for evaluation and accountability.

OTHER REQUIREMENTS:

- The time limit for completing any Grant project shall be two years from the date of the Grant application approval unless a special exception is granted by the CEF Board of Trustees.
- CEF funds will be used only for the approved project. Any surplus grant funds must be returned to CEF.
- CEF Grants are to be publicly acknowledged by recipients.
- A project report is required at the end of the first year of any two-year project and a final Grants Evaluation Form must be completed at the end of the project.
- Any recipient shall provide any documentation required by the CEF Board of Trustees to verify compliance with the grant.

SUBMITTING THE CEF GRANT REQUEST FORM:

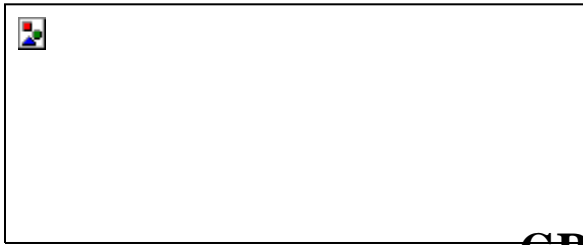
All Grant Requests must be submitted on the CEF Grant Request Form. If necessary, additional pages of supporting documentation may be attached.

The CEF Board of Trustees will consider grant applications in the next scheduled Board meeting, which are held every other month. To assure prompt consideration of your application, forward the original signed application to the address below to arrive by the first of the month in February, April, June, August, October, or December. Note that, for larger requests, a decision may not be made until the end of the calendar year when availability of funds can be determined. You will be informed if your grant was approved, partially approved, or returned.

Mail application to: CID - Church Extension Fund
Grants Request
1850 N Grand Ave. West
Springfield, IL 62702-1626

or email application to: cef@cidlcms.org

Or FAX application to: 217-793-9454



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GRANT REQUEST

Name of project: _____

Amount of Grant Requested from CEF: \$ _____

Name of Sponsoring Organization: _____

Mailing Address: _____

Name and Title of person authorized to submit application: _____

Phone number and email address of authorized person: _____

If the contact person responsible for the project is different from authorized person submitting the application, please enter their information:

Contact name, mailing address, email, and phone # (if different from authorized person above):

PROJECT DESCRIPTION

1. Brief description of overall project: _____

2. What needs expect to be met by this project: _____

3. How has this been determined? _____

4. Objectives for this project (please state in specific, achievable, measurable objectives):

5. Sequence of activities to meet project objectives: _____

6. How will the success of this project be evaluated and measured? _____

7. Anticipated time-table for the project: _____

8. Anticipated number of people participating in the project: _____

9. Identify primary group benefiting from this project: _____

10. State how the applicant will acknowledge and publicize CEF support: _____

BUDGET INFORMATION

Applicant Support Dollars: _____

Other Support Dollars: _____
(identify source in #1 below)

Funds requested from CEF _____

Total _____

1. Brief narrative statements describing budget and what requested CEF funds will be used for:

2. Proposed schedule to disburse funds:

3. Other potential sources from which financial assistance for this project has been or is being sought – *CID-CEF is to be notified of any other grants or potential sources of funding:*

4. If the project is to be ongoing, what are the applicant's plan for continuing support:

Church/School Investments in the Central IL District Church Extension Fund: \$ _____

Authorized Applicant Signature: _____ Date: _____

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or email application to: cef@cidlcms.org **or FAX application to:** 217-793-9454