



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

MINISTRY OUTREACH GRANT PROGRAM

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

Blessings on your Ministry being chosen as a recipient of a Ministry Outreach Grant!

The CEF Ministry Outreach Grant Program has been established by the CEF Board of Trustees for the use and benefit of the congregations and agencies of the Central Illinois District to help carry out their mission and ministry. This program offers a unique opportunity for the Church Extension Fund to provide funds beyond its basic purpose of providing low-cost loans to the Central Illinois District and its congregations.

Please submit to us via email your request for funds under this grant as needed to complete the project. Payment will be made to your church or organization.

In order to fulfill the intent of this grant program, we ask you, as a recipient of a Ministry Outreach Grant, to follow the requirements outlined below:

- The time limit for completing the project should be no more than two years from the date of the Grant application approval unless a special exception is granted by the CEF Board of Trustees.
- CEF Ministry Outreach Grant funds will be used only for the approved project. Any surplus grant funds must be returned to CEF.
- The project underlying the ministry should be carried out by a credible and experienced organization and staff.
- The project should be designed to enable it to have a high probability for continued support (internal or external) when CEF Ministry Outreach Grant funding has ended.
- Provisions for evaluation and accountability should be built into the project.
- CEF Ministry Outreach Grants are to be publicly acknowledged by recipients.
- An update on the project to the Board of Trustees is required at the end of the first year of any two-year project. A Project Update Form is attached.
- A final Ministry Outreach Grant evaluation must be completed at the end of the project. A Project Completion Form to satisfy this requirement is attached.

We extend to you our prayers for the successful completion of this worthy project reaching others as you expand His Kingdom and its work!



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MINISTRY OUTREACH GRANT PROGRAM **PROJECT UPDATE FORM - TWO-YEAR PROJECTS**

For two-year projects, this form is to be completed at the end of the first year following approval of a grant and returned to the CEF Office. Please complete the following items, providing any additional information you feel may be of interest to the CEF Board of Trustees.

Please return this completed form to: CID Church Extension Fund
Ministry Outreach Grant Program
1850 N. Grand Ave West
Springfield, IL 62702-1626
Email: cef@cidlcms.org

1. Name of Sponsoring Organization: _____
2. Name of Project: _____
3. Contact Person: _____
4. Contact Phone: _____ Contact Email: _____
5. Amount of Grant received: _____
6. Amount of Grant spent (Attach receipts*): _____
7. Additional amount spent by congregation or school on this project: _____
8. Status of Project: _____
9. How was the CEF acknowledged or publicized? _____

10. Please summarize the results of the project to date. Are the objectives being met? (Use additional pages if needed). _____

Name of person submitting report (*please print*): _____

Signature _____ Date: _____

** Receipts should be attached for specific purchases related to the project. Amount spent should reflect all expenditures.*



**CHURCH EXTENSION
FUND, INC.**
Central Illinois District—LCMS

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MINISTRY OUTREACH GRANT PROGRAM
PROJECT COMPLETION FORM

This form is to be completed and returned to the CEF Office upon completion of your project. Complete the following items, providing any additional information you feel may be of interest to the CEF Board of Trustees.

Please return this completed form to: CID Church Extension Fund
Ministry Outreach Grant Program
1850 N. Grand Ave West
Springfield, IL 62702-1626
Email: cef@cidlcms.org

1. Name of Sponsoring Organization: _____
2. Name of Project: _____
3. Contact Person: _____
4. Contact Phone: _____ Contact Email: _____
5. Amount of Grant received: _____
6. Amount of Grant spent (Attach receipts*): _____
7. Additional amount spent by congregation or school on this project: _____
8. Date project was completed: _____
9. How was CEF acknowledged or publicized? _____

10. Please summarize the results or outcome of the project. How were the objectives met? (Use additional pages if needed). _____

Name of person submitting report (*please print*): _____

Signature: _____ Date: _____

* Receipts should be attached for specific purchases related to the project. Amount spent should reflect all expenditures.