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## **Central Illinois District School Endowment Initiative** **Project Completion Form**

**This form is to be completed and returned to the CEF Office upon completion of your purchases under this initiative.** Complete the following items, providing any additional information you feel may be of interest to the CID Education Executive and the CEF Board of Trustees.

Please return this completed form to:                   CID Church Extension Fund  
School Endowment Initiative Grant Program  
1850 N. Grand Ave West  
Springfield, IL 62702-1626  
Email: [cef@cidlcms.org](mailto:cef@cidlcms.org)

1. Name of School: \_\_\_\_\_
2. Contact Person: \_\_\_\_\_
3. Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_
4. Amount of Grant received: \_\_\_\_\_
5. Amount of Grant spent (Attach receipts\*): \_\_\_\_\_
6. Date project was completed: \_\_\_\_\_
7. How was CEF acknowledged or publicized? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person submitting report (*please print*): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Receipts should be attached for specific purchases related to the project.