



ECA Dormant Fund Form

Date: _____

Sponsor Name: _____

Fund Number : _____

Name of the Fund: _____

Original Purpose of Fund: _____

Reason for Dormancy: _____

Amount Left in the Fund: \$ _____

Close Out to Fund #: _____

Name of Fund Closed Out To: _____

Fund President Signature
(if applicable) _____

Date: _____

Sponsor Signature _____

Date: _____

Principal Signature _____

Date: _____

Superintendent Signature _____

Date: _____

School Board Approval _____

Date: _____