

**OREGON DISTRICT LWML
MISSION GRANT PROPOSAL APPLICATION
2012-2014 Biennium**

Who May Submit a Mission Grant Proposal?

Our Bylaws state: any individual LWML member, society, zone, or Synod's Board may submit an LWML mission grant proposal.

Nine copies of the Cover letter, SIGNED Application, Information paper, Resolution, and one CD with pictures must be received by SEPTEMBER 30, 2011 to:

**Carmen Nagel,
Oregon District LWML
V.P. Gospel Outreach
7128 S. Monte Cristo Rd.
Woodburn, OR 97071**

All completed Mission Grant Applications received by September 30, 2011 will be prayerfully read and studied by the Oregon District LWML Gospel Outreach Committee, the Oregon District LWML President and two Pastoral Counselors, and a representative of the president of the Northwest District of the LCMS. After individual study, this committee will meet to discuss the submitted grant proposals. The committee will not consider applications that are incomplete or have not met requirements, and reserves the option to adjust the monetary amounts requested if it is deemed appropriate or advisable. Each committee member will rank the projects in order of priority and the projects receiving the highest rankings will be placed on the convention ballot. The committee, based on the proposed budget for the coming biennium, will determine the number of projects placed on the ballot.

After convention balloting, grant submitters will be notified if their proposal was selected for funding.

Disbursement of Grant Funds are paid to Grant recipients as Mite funds become available throughout the biennium (that is, the two-year timeframe beginning after the LWML Convention in which they are approved by ballot). Grant recipients are encouraged to request the Grant money just prior to when it will be needed. If the money is not needed immediately, more urgent requests can be met accordingly.

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The completed grant proposal shall include:

- 1). A cover letter to the Oregon District LWML Vice President of Gospel Outreach.
- 2). The completed application on page 3. (this can be retyped if more room is required)
- 3). An information page(s) which should answer the following questions and give any other helpful information:
 1. History of this mission project.
 2. Does it fit into the plans and projections of the Lutheran Church Missouri Synod?
 - a. How much of an outreach is the project?
 - b. What is the most pressing need(s)?
 - c. How will these funds help you to reach your goal?
 3. Is it Mission oriented?
 - a. What is the mission? What is your goal?
 - b. Who or what is the target group?
 - c. Where is the mission located?
 4. Is it current and ready for implementation?
 - a. When is the mission to be started? (or when was it started?)
 - b. How long before the funds are needed?
 - c. How are funds to be received?
 5. Is it well documented? Be specific.
 - a. Detail the budget and accounting of funds.
 - b. Information needed on building, equipment, or library needs, etc.
 - c. Full description of the grant funding and background.
 6. Please include a CD with 5-6 color photos that help show your ministry and the way the targeted people will be reached. These will be used at the convention if your project is selected for the ballot. The CD will not be returned, but becomes the property of the Gospel Outreach committee for publicity, newsletters and project boards. Make sure all subjects in each photograph presented have granted permission for publication.

**Mission Project Grant Proposal Application
Oregon District LWML – 2012-2014 Biennium**

Date: _____

Name of Submitter: _____

Address: _____

Signature of Submitter: _____

Name of Congregation/Society: _____

Signature of Society/Zone President: _____

Signature of Society/Zone Pastoral Counselor: _____

Name of Grant (Project): _____

Purpose of Grant (Project): _____

Amount requested from OR District LWML \$ _____ (maximum of \$6,500 per grant)

Is there other funding received from other organizations? _____ Yes _____ No

If YES, please name the other organizations and amount received:

Name: _____ Amount: _____

Name: _____ Amount _____

Name: _____ Amount _____

To what other Districts/organizations has this grant proposal for this project been submitted? _____

Administrator of Grant: Name: _____ Title _____

Address: _____

Signature of Grant Administrator: _____

Funds to be directed to: Name: _____ Title _____

Address: _____

Grant (Project) Implementation Schedule and How & When funds are to be used: _____

Currently estimated date(s) that specific funds from the Grant will be needed (if different from above): _____

**OREGON DISTRICT LWML
MISSION GRANT PROPOSAL APPLICATION
(SAMPLE) RESOLUTION
Substitute YOUR information**

- WHEREAS,** Jesus, our Good Shepherd, ministered to all people, including His Lambs with special needs, and
- WHEREAS,** God’s Word instructs us to “follow in His steps,” thus teaching And caring for His special people, and
- WHEREAS,** the chaplaincy staff and the resource development director of Good Ship Saving Souls in St. Joseph, OR are carrying out this ministry and making it known, and
- WHEREAS,** there is need for video equipment with television adaptor to improve presentation of daily devotions in client’s homes, to facilitate communication between clients and families, and the Good Ship Saving Souls, and the supporting congregations and general public, and,
- WHEREAS,** Christian videos would bring blessings and enjoyment to over 200 Souls in the GSSS’s residential programs, and
- WHEREAS,** Good Ship Saving Souls recognizes this need in the Chaplaincy and Resource Development Departments, therefore be it
- RESOLVED:** that the Oregon District Lutheran Women’s Missionary League assembled in convention in Ashland, Oregon, June 2008, grant the sum of \$2,500 to the Chaplaincy and Resource Development Departments of Good Ship Saving Souls, Northwest Region, to enable purchase to be made.

Submitted by:

Faith Ladies Guild

President (Name and Signature): _____

Secretary (Name and Signature): _____

**Faith Lutheran Church
1234 Stormy Sea Lane
St. Joseph, OR 97222**

Approved by: _____ **Date** _____
(Name and Signature of Pastoral Counselor of Society or Zone)