

**LWML OREGON DISTRICT
MISSION GRANT PROPOSAL APPLICATION
2018-2020 Biennium**

Who May Submit a Mission Grant Proposal?

Our Bylaws state: any individual LMWL 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 or flash drive with pictures must be postmarked by SEPTEMBER 30, 2017 to:

**Janet Schultz
LWML Oregon District
V.P. Gospel Outreach
2581 NE Katie Dr.
Hillsboro, OR 97124**

All completed Mission Grant Applications postmarked by September 30, 2017, will be vetted by the President of the Northwest District of LCMS or Director of National Missions of LCMS or Director of International Missions of LCMS, depending on the geographical location of the mission. Then applications will be prayerfully read and studied by the LWML Oregon District Gospel Outreach Committee, the LWML Oregon District President and two Pastoral Counselors. 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 will be 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 LWML Oregon District 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 will funds be used?
 - c. When will funds be needed?
 - d. 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 or flash drive 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 or flash drive 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. Pictures shared in video format will not be accepted.

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Name of Submitter: _____

Address: _____

Contact E- Mail _____

Signature of Submitter: _____ **Date:** _____

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:** _____

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

Administrator of Grant: Name: _____ **Title** _____

Address: _____

Contact E-Mail: _____

Signature of Grant Administrator: _____

Funds to be directed to: Name: _____ **Title** _____

Address: _____

Contact E-Mail: _____

Implementation Schedule: Estimated date(s) that specific funds from this Grant will be needed: _____

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**(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 Salem, Oregon, July 5-8, 2018, 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)