**Checklist for 2022-2024 Grant Application**

GRANT SUBMITTER - SEND WITH APPLICATION INITIAL NEXT TO EACH NUMBER

ATTACH THIS CHECKLIST TO THE FRONT OF ORIGINAL GRANT APPLICATION

\_\_\_\_ 1. I have read all the guidelines for the 2022-2024 Grant found at psdlwml.com.

Look under Resources, then Forms.

\_\_\_\_ 2. I am using the 2022-2024 Grant Application found at psdlwml.com.

Look under Resources, then Forms.

\_\_\_\_ 3. The grant must originate, be administered and disbursed within the Pacific Southwest LWML

geographic area.

\_\_\_\_\_ 4. Did you have a grant funded in the previous biennium under it's constituted, organizational

name?

\_\_\_\_\_ 5. This Grant is not concurrent with a national LWML grant.

\_\_\_\_\_ 6. Grant funding is for an entity, but not for salaries, living expenses, personal tuition or

individual expenses.

\_\_\_\_\_ 7. Only one project may be submitted by an organization at a time.

\_\_\_\_\_ 8. Submit the original application with **BLUE** ink signatures. Staple the original.

\_\_\_\_\_ 9. Send 8 stapled copies with original.

\_\_\_\_\_ 10. All applications must be postmarked September 17, 2021 or before. DO NOT START ON

YOUR APPLICATION ON SEPTEMBER 17th, PLAN AHEAD!

Grant Submitter Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pacific Southwest District – Lutheran Women’s Missionary League**

**2022-2024 MISSION GRANT APPLICATION FORM**

***Please place this page after checklist page when returning your application***

***Signatures must be in blue ink\*Send 8 additional copies .***

**A. PROJECT PERSONNEL: Directory of Grant Personnel (Names, Titles and Approvals)**

**Name of Proposed Grant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submitter Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature (in blue) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LWML Member Name (other than submitter): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature (in blue) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pastor of congregation or Pastoral Counselor of the LWML Zone or District**

**Pastor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Congregation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature (in blue) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Grant Administrator (in blue) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**

**Funds to be sent to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Proposals will be accepted for review only when the required signatures above are provided.**

**Did this organization receive monies from PSD LWML grant in 2022-2024 biennium? (Circle) YES NO**

**Grant Administrator Signature (in blue) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_**

**B. BASIC PROJECT PLAN:** (Be concise)

1. Project’s Vision/Mission:

2. Project’s Gospel Outreach plans:

**C. BASIC FINANCIAL STATEMENT:**

1. Identify the amount of funds requested:

2. Specify why funds are currently needed:

3. Itemize specific (**detailed**) use of funds, (Invoices or detailed listing of how much each item will cost).

4. List total amount and source of additional funds for this project:

5. Identify planned source and amount of continued funding for maintenance and support of this project after LWML funding ceases:

**D. RESOLUTION: (Be concise, & follow the format of the example above)**

**WHEREAS:** (state the project goal and its Biblical basis)

**WHEREAS**: (State the need for the project)

**WHEREAS:** (State further needs if applicable)

**WHEREAS:** (State amount requested and the purpose for which the funds will be used)

**THEREFORE BE IT** **RESOLVED**: (State, in summary terms, the specifics of the resolution)

**E. LETTER OF RECOMMENDATION:**

1. Provide the names, positions and comments of at least one, and no more than three, people having special knowledge of this project:

|  |  |  |
| --- | --- | --- |
| Name | Position | Comment |
|  |  |  |
|  |  |  |
|  |  |  |

2. Attach **one** letter *from a person familiar with the grant* recommending the PSD LWML fund this project, other than submitter.

**F. SUMMARY STATEMENT:**

Summarize your request in 50 words or less for inclusion in the Convention Manual, should your project be on the ballot:

Submit completed form to:

# Jenny Reyes

# PO Box 3934 Deadline: September 17, 2021

Visalia, CA 93278

619-962-5510

reyesf@mail.com