LWML CID MISSION GRANT PROPOSAL

Because mite funds are limited, please only submit project proposals which:

- Emphasize reaching the unreached for Christ;
- Are mission in emphasis, extending the ministry of Word and Sacrament;
- Fit into the plans and projects of the Lutheran Church–Missouri Synod;
- Are approved by the LCMS mission board of the district in which it is situated;
- Are current and ready for implementation;
- Are well-documented.
- Complete all sections of the proposal form. Incomplete proposals will not be considered.

Proposals must be submitted ONLY from someone associated with one of these categories: ***(please circle which applies)***

LWML CID Member LWML CID Group

LWML CID Zone CID or LCMS Mission Board

Date of Application _____

Amount requested_____ **Approximate total cost of the project:** _____

Project Title _____

Submitter's Name_____ **Phone**_____

Submitter's Address _____

Submitter's E-mail_____

Proposals and any supporting materials must be submitted electronically in PDF form as an e-mail attachment to vpmg@lwmlcid.org **OR** in print to:

LWML CID Vice President of Gospel Outreach:
Pat Heinecke
2676 N 2400th Ave.
Golden, IL 62339

Upon receipt of the proposal, the submitter will be notified by the Vice President of Gospel Outreach.

PROPOSALS MUST BE RECEIVED NO LATER THAN October 31, 2021.

"Grants approved by the voting members for a project must be disbursed according to the request and put into use within a three (3) year period from the time of the vote, or be returned to the District LWML treasury for reallocation." (LWML CID Bylaws, Article XV, Section 5)

Please answer the following questions below each question or on a separate piece of paper.
The proposal must include answers to **all** the following:

1. Describe the project for which you are requesting a mission grant (no more than 4 sentences).
2. List specifically how this mission grant funds would be used. (be specific and include dollar amount for each use)
3. How does this project share the Gospel and lead people to our Savior?
4. How does this project specifically fit into mission plans of the LCMS?
5. Please list other grants received for this project and funding amount.
6. Please list other grants and funding amounts for which you have applied.
7. Who will fund the any remaining portion of the project's cost?
8. Please complete the following information to help in payment, in case your proposal would receive funding.

   Check made payable to: _____

   Name of person check should be sent to: _____

   Address of that person _____

   Phone _____

   Email _____

9. Please add any additional helpful information.

Please make sure to include any supporting documents for this project either electronically or in print.

Revised December 2020