

## 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.org.  
Look under Mission Grants, then Mission Application and Guidelines
- \_\_\_\_\_ 2. I am using the 2022-2024 Grant Application found at psdlwml.org.  
Look under Mission Grants, then Mission Application and Guidelines
- \_\_\_\_\_ 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 its 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 15, 2021 or before. **DO NOT START ON YOUR APPLICATION ON SEPTEMBER 15<sup>th</sup>! 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 2020-2022 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**  
**P.O. Box 3934**  
**Visalia, CA 93278**  
**619-962-5510**  
**E-mail: gmajen61@gmail.com**

**Deadline:**  
**September 15, 2021**