



**LWML PACIFIC SOUTHWEST DISTRICT
2026-2028 GOSPEL OUTREACH MISSION GRANT**

ELECTRONIC APPLICATION DIRECTIONS

Please read these new directions before completing the attached 2026-2028 Gospel Outreach Mission Grant Application.

- All mission grants **MUST** be focused on Gospel Outreach; that is, sharing the good news of Jesus Christ with others. How does your grant do this?
- The grant must originate, be administered by and used to serve people living within the LWML Pacific Southwest District geographical area.
- Grant cannot have been funded in the previous biennium under its constituted, organizational name. Different regions of a specific entity are considered as separate grants.
- This grant cannot be concurrent with a National LWML grant.
- Grant funding is for an established entity; not to fund salaries, living expenses, personal tuition, individual expenses, or building and structural expenses.
- Only one project may be submitted by the mission organization at a time.
- The grant should have a planned source of funding for continued maintenance and support after LWML funding.
- All applications must be received by September 30, 2025.
- Any funds not spent on the approved project within the biennium must be reimbursed to the LWML Pacific Southwest District by the end of the biennium.
- Keep copies and submit all original receipts from items purchased with grant funds within the two-year period of the grant for auditing purposes.



**LWML PACIFIC SOUTHWEST DISTRICT
2026-2028 GOSPEL OUTREACH MISSION GRANT A
ELECTRONIC APPLICATION FORM**

A. PROJECT PERSONNEL:

1. Name of LCMS/RSO/Other Organization receiving the grant _____

LCMS: Lutheran Church Missouri Synod/RSO: Recognized Service Organization/Other: Religious based 501(c)(3)

Organization's Website Address _____

Organization's Address _____ **City** _____ **Zip** _____

Organization's Contact Name _____ **Title** _____

Contact's Personal Cell _____ **Email** _____

Name of Proposed grant _____ **Amount Requested** _____

2. Grant Initiating LWML Member _____ **Zone** _____ **Church** _____

Member's Home Address _____ **City** _____ **Zip** _____

Member's Personal Cell _____ **Email** _____

Member's Signature validating all submitted data _____ **Date** _____

APPROVAL (Sends completed application to the Pastor or Zone Counselor – required signature) **PAUSE** (Finish later)

3. Grant request approved by Pastor of congregation or Pastoral Zone Counselor

Name of Pastor or Counselor _____ **Congregation or Zone** _____

Pastor's/Counselor's Personal Cell _____ **Email** _____

Approval Signature _____ **Date** _____ **SUBMIT** (sends to VP Gospel Outreach)

4. Grant Administrator that receives/distributes funds for the Organization

Name _____ **Title/Position** _____

Address to present check _____ **City** _____ **Zip** _____

Grant Administrator's Personal Cell _____ **Email** _____



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B. BASIC PROJECT PLAN: *(please be concise)*

1. Project's Vision/Mission

2. Project's GOSPEL Outreach plans. Define (a) your perceived need for your project, (b) its goal, (c) its Biblical basis, and (d) how your grant's program structure intends to actively introduce and continuously share Jesus Christ's saving Grace with your recipients.

C. BASIC FINANCIAL STATEMENT:

1. Amount of funds requested: _____

2. Define the PURPOSE for which these funds will be used.



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C. BASIC FINANCIAL STATEMENT continued:

3. Provide itemized listing of COST and USE of each item, including the source of your detailed listing; i.e., Amazon listing of actual items:

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

5. If applicable, identify planned source and amount of CONTINUED funding for maintenance and support of this project after LWML funding ceases:



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D. RECOMMENDATIONS:

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

1. Name; Position/Title; _____

Date; Comments _____

2. Name; Position/Title; _____

Date; Comments _____

3. Name; Position/Title; _____

Date; Comments _____

LETTER OF RECOMMENDATION – Attach ONE letter at the end of this application, from a person familiar with the ministry and the grant, (other than the submitter), recommending the LWML PSD fund this project. What is this person’s connection to the grant and the reasons for the recommendation? Letter must include name, title/position, address, date, cell phone #, and email of person writing the letter of recommendation.



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E. PHOTOS:

Attach one to three photos relating to your grant request. OBTAIN release signatures from identifiable people in the photos using the release authorization(s) below:

I understand and agree that all photos will become the property of the Lutheran Women’s Missionary League Pacific Southwest District (LWML PSD), and will not be returned. I hereby irrevocably authorize the LWML PSD to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose.

Signed _____ Date _____

I understand and agree that all photos will become the property of the Lutheran Women’s Missionary League Pacific Southwest District (LWML PSD), and will not be returned. I hereby irrevocably authorize the LWML PSD to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose.

Signed _____ Date _____

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F. SUMMARY STATEMENT:

Grant Title: _____

Mission Organization: _____

City and State where funds will be used: _____

Please summarize your request in 50 words or less for inclusion in the Convention Manual, should your project be on the ballot. This summary is the only description that Convention Delegates see before they select which grants will be funded during the 2026-2028 biennium.

Grant Submitter's Approval Signature _____

Grant Submitter's Printed Name: _____ **Date** _____

Your submittal MUST be received no later than the deadline of September 30, 2025.