

 **Checklist for LWML PSD Gospel Outreach Mission Grant 2024-2026 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 2024-2026 Grant found at [www.psdlwml.org](http://www.psdlwml.org)

 Look under Mission Grants, then Mission Guidelines and Application.

\_\_\_\_ 2. The grant must originate, be administered and disbursed for missions within the LWML

 Pacific Southwest District geographic area.

\_\_\_\_\_ 3. We did not have a grant funded in the previous biennium under its constituted, organizational

 Name.

\_\_\_\_\_ 4. This Grant is not concurrent with a national LWML grant.

\_\_\_\_\_ 5. Grant funding is for an established entity but not for salaries, living expenses,

 personal tuition, individual expenses, or building and structure expenses.

\_\_\_\_\_ 6. Only one project may be submitted by an organization at a time. A grant that has already been

 funded cannot be funded again.

\_\_\_\_\_ 7. Submit the original application with **BLUE** ink signatures. Staple the original.

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

\_\_\_\_\_ 9. All applications must be postmarked September 15, 2023 or before. DO NOT START ON

 YOUR APPLICATION ON SEPTEMBER 15th, PLAN AHEAD!

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



 **LWML Pacific Southwest District**

 **2024-2026 Gospel Outreach 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 .***

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

**Submitter-Name of Organization receiving grant /Contact Person/Name and Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**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 of Organization (the person who distributes the funds) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title/Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Grant Proposals will be accepted for review only when the required signatures above are provided. Did this organization receive monies from a PSD LWML grant in 2020-2022 biennium? (Circle) YES / NO**

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

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

Grant Administrator

Organization

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

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

**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 in guidelines)**

**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. RECOMMENDATIONS:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Name | Position/Title | Comment |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**LETTER OF RECOMMENDATION** -*Attach* ***one*** *letter at the end of this application from a person familiar with the ministry and the grant recommending the LWML PSD fund this project, other than submitter.* What is the person’s connection to grant and the reasons for the recommendation.

 Include name, title/position, address, date, and phone #, and email of person writing the letter of recommendation.

**F. SUMMARY STATEMENT:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grant Title Organization City and State**

Summarize your request in 50 words or less for inclusion in the Convention Manual, should your project be on the ballot: (this is the main description that delegates see before they vote).

Submit completed form to:

VP Gospel Outreach Bonnie Karch Phone: 702-743-3258

6569 Avon Ct. Email: sunflower.nana2015@gmail.com

#  Las Vegas, NV 89108 Deadline: September 15, 2023