

**LUTHERAN WOMEN'S MISSIONARY LEAGUE
CENTRAL ILLINOIS DISTRICT
MISSION GRANT PROPOSAL**

Name of Project _____

Date _____ Amount of money requested _____

Proposal submitted by ____Female LWML CID Member ____LWML CID Society
____ LWML CID Zone ____CID or LCMS Mission Board

(Proposals submitted **ONLY** by the above four categories will be considered.)

Name _____ Attention: _____

Address _____

Telephone _____ E-mail Address _____

Project Contact Person _____ Telephone _____

Address _____

E-mail Address _____

Proposals may be submitted electronically (preferably) in Word as an e-mail attachment
(zipbundy77@aol.com) (additional papers or supporting materials may be submitted in print through
the mail, if not available electronically) **or in print through the mail to LWML CID Second Vice
President of Mission Grants:**

Jan Bundy
5 Joyce Lane
Champaign, IL 61822

Please make sure that receipt of the proposal is acknowledged.

PROPOSALS MUST BE POSTMARKED NOT LATER THAN October 31, 2017.

Because mite moneys are so limited, and the need for reaching the unreached so great, we urge you to submit project proposals that focus on sharing the Gospel and pointing people to the Savior. Therefore, projects shall:

- o emphasize reaching the unreached for Christ;
- o be mission in emphasis, extending the ministry of Word and Sacrament;
- o fit into the plans and projects of the Lutheran Church–Missouri Synod;
- o be approved by the LCMS mission board of the district in which it is situated;
- o be current and ready for implementation;
- o be well documented.

After the grant is used, accountability shall be expected.

“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)

Your request should include (use additional space in each question, if needed):

1. How project shares the Gospel and points people to our Savior:

2. How project specifically fits into mission plans of the LCMS [district (if outside CID), national, international, RSO, etc.]:

3. Total cost of project:

4. Why assistance is needed:

5. List specifically how the grant will be used:

6. Whether the need appears in your budget:

7. Other grants received for this need:

8. a. Other grants for which you have applied:

b. Other LWML districts to which you have applied:

9. Who will fund remaining portion of the cost:

10. Any additional helpful information:

11. Are additional papers/supporting documents attached or supplied? _____ Yes _____ No