

**COVER PAGE FOR MISSOURI DISTRICT
2020-2022 MISSION GRANT PROPOSAL**

*(Please print, unless signature is
required.)*

Name of Proposal: _____

Amount of Proposal: \$ _____

Contact Person:

Name and Title _____

Street Address/City/State/Zip Code: _____

Phone Number: _____ Email: _____

Authorized Grant Submitter:

Submitted by: LWML Member LWML Society LWML Zone LCMS Board

Other: _____

Name of Individual Member or Name of Organization: _____

Street Address/City/State/Zip Code: _____

Phone Number: _____ Email: _____

Signature of Submitter: _____

Endorsement: Proposals for funding ministries outside the Missouri District or outside the United States require the endorsement of the appropriate LCMS Board.

Name and Title: _____

Phone Number: _____ Email: _____

Signature of Endorser: _____ (If required)

Grant Administrator Contact:

Grant Administrator: _____ Title: _____

Name of Organization: _____

Street Address/City/State/Zip Code: _____

Phone Number: _____ Email: _____

Must be postmarked by October 31, 2019

Send this page as the top page with entire grant proposal (all 8 sets), along with Electronic set & Photos to:

Karen Drury
3587 State Highway B, Oak Ridge, MO 63769
otherdruryinn@gmail.com

The following is to be used by the Gospel Outreach Committee as a "Check List" for approval:

Page 1 (Cover Page) Page 2 (Resolutions) Page 3-6 (Information) Summary/Mites Use

Electronic Copy & Video Learn about Jesus? Itemized facts regarding costs

Appropriate funding sources? Continued support addressed? Date project is expected to begin