

GUIDELINES

# SUBMITTING AND WRITING AN LWML MONTANA DISTRICT MISSION GRANT PROPOSAL

**Who may submit a mission grant proposal?**

Mission grant proposals may be submitted by individual LWML members, local societies, the districts, and boards of The Lutheran Church—Missouri Synod (LCMS). Any proposal that originates elsewhere must be endorsed by one of the above groups.

**A mission grant should:**

- A. Extend ministry of the Word: Does it enable God's Word to be extended or spread?
- B. Fit into plans/projections of the District or Synod.
- C. Promote objectives of the LWML by maintaining a missionary spirit.
- D. Be current and ready for implementation.
- E. Be well-documented.

Each proposal should include three (3) elements:

**1. The Resolution**

- a. See sample on next page.
- b. Be concise:
  - i. State the purpose or grant goal;
  - ii. Identify the needs; and
  - iii. Include a basic financial statement with amount of funds requested, itemized use of funds, and, if the request is for partial funding, list the total amount and source of additional funding.

**2. The Information Paper**

- a. Separate from the resolution.
- b. Names and comments of people having special knowledge of the project.
- c. Current need.
- d. Assurance of continued support and maintenance separate from LWML.

**3. Directory of Grant Personnel – approvals and signatures. Copy the form following.**

Who selects the proposals to appear on the ballot?

**The LWML Montana District Grants Committee evaluates all proposals and makes recommendations to the LWML Montana District Board of Directors (BOD), after consultation with LCMS personnel. The BOD makes final approval for ballot.**

When and where to send mission grant proposals:

**Mission grant proposals should be emailed to the District Vice President of Gospel Outreach. The proposals must be received by October 31 of the year preceding the District convention (odd-numbered years).**

What if I have a question or need help writing the proposal properly?

**For advice or additional information, contact the LWML Montana District Vice President of Gospel Outreach or one of the District Pastoral Counselors. Their names, addresses, phone numbers, and emails are printed on the back page of the *Missive*.**

## GUIDELINES

### WRITING AN LWML MONTANA DISTRICT MISSION GRANT RESOLUTION

**Be specific, but brief.**

**Include:**

- A. Grant goals (God’s command to us).**
- B. Grant needs.**
- C. Purpose for funds, how they are to be used.**
- D. Amount needed.**

Sample Resolution:

**WHEREAS, God continues to open doors for mission work throughout the world; and**  
*(This first sentence is a statement of your goal.)*

**WHEREAS, We must strengthen our commitment to send people who can share the message**

**of salvation; and**

*(The second sentence is a statement of need.)*

**WHEREAS, The Lutheran Church—Missouri Synod Board of Mission Services has instituted a**

**program for personalized missionary support called “Together in Mission”;**

**and**

*(Include a statement of purpose.)*

**WHEREAS, This program enables us to show those whom we send that we are sharing in their**

**ministry, thereby encouraging them in their task; and**

*(Include an explanation of how money is to be used.)*

**WHEREAS, Together in Mission provides an opportunity for us to work together as we strive to**

**fulfill the Great Commission; THEREFORE, BE IT**

**RESOLVED, that the Lutheran Women’s Missionary League Montana District assembled in convention in (City), on (Month, Days, Year), adopt as a mission grant for the (Years) biennium, (exact dollar amount) for (description or name of activity).**

*(This paragraph must include a specific statement of amount needed.)*

**LWML MONTANA DISTRICT MISSION GRANT PROPOSAL FORM**  
**Directory of Grant Personnel**

Name of Grant/Project \_\_\_\_\_

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

Submitted by: (Please check one) LWML Member\_\_\_\_ LWML Society\_\_\_\_ Other \_\_\_\_

Name of Submitter or Society President \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Congregation \_\_\_\_\_

Name of LWML Zone President \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

Name of LWML Zone Pastoral Counselor \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

Grant Administrator \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Funds will be sent to \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_