

INFORMATION SHEET
LWML CNH MISSION GRANT PROPOSAL

GRANT TITLE: _____

Submitted by (Society, Zone, RSO) _____

CONTACT PERSON: _____ EMAIL _____

STREET ADDRESS: _____

CITY: _____ STATE _____ ZIP _____ PHONE _____

REQUIRED SIGNATURES: Zone President & Zone Counselor OR District, Synod Or RSO Executive

ZONE PRESIDENT: _____ ZONE _____ DATE _____

and (Signature)

ZONE COUNSELOR: _____ ZONE _____ DATE _____

or (Signature)

MISSION or RSO EXECUTIVE _____ DATE _____

(Signature)

GRANT ADMINISTRATOR: _____ EMAIL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

CHECK PAYABLE TO: _____

FUNDS WILL BE SENT TO: _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

GRANT AMOUNT REQUESTED \$ _____

Please make sure all required elements of grant proposals are included in documentation submitted. PROPOSALS MAY BE disqualified or returned IF INCOMPLETE. ANY CHANGE TO ORIGINAL GRANT IS SUBJECT TO APPROVAL BY THE LWML CNH BOARD OF DIRECTORS. IF grant project does NOT go forward or the project is cancelled, the remaining funds will be returned to LWML CNH. The CNH District reserves the right to increase or decrease amounts requested in grant proposal.

DEADLINE for submission is postmark or electronic transmission DATE OF SEPTEMBER 30 of ODD NUMBERED year prior to the next Biennial Convention in APRIL of an EVEN NUMBERED YEAR.

Electronic transmit or mail Information sheet, cover letter and grant proposal in resolution format to:

LWML CNH Vice President of Gospel Outreach

Bev Vietor

PO Box 35, Georgetown, CA 95634

edbev2@sbcglobal.net

Received by: _____ Date _____

(Signature of VP of Gospel Outreach)