

**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:

Bev Viotor LWML CNH Vice President of Gospel Outreach

PO Box 35,

Georgetown, CA 95634

[edbev2@sbcglobal.net](mailto:edbev2@sbcglobal.net)

Received by: \_\_\_\_\_ Date \_\_\_\_\_

(Signature of VP of Gospel Outreach)