**Lutheran Women in Mission**

**LWML Washington-Alaska District**

**wa-aklwml.org**

**2026-2028 MISSION GRANT PROPOSAL FORM**

**DEADLINE: October 31, 2025 SEND TO:** Solveig Schick

 Vice President of Gospel Outreach

 324 Merrill Way

 Port Angeles, WA 98362

 solveig.schick@gmail.com

**MISSION GRANT PROPOSALS MUST MEET ALL OF THE FOLLOWING CRITERIA:**

A. The grant is mission-focused and will extend the Gospel and ministry of the Word.

B. Compatible with the plans and projections of the LCMS.

C. Current and ready for implementation within the two years 2026-2028.

D. Well documented with answers to **all** of the questions on the form.

E. Continued maintenance of the mission must be assured.

**NAME OF PROPOSED MISSION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LOCATION OF PROPOSED MISSION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AMOUNT REQUESTED:**  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Minimum] $ \_\_\_\_\_\_\_\_\_\_\_\_\_ [Maximum ≤ $10,000]

**LWML WA-AK DISTRICT SPONSOR:** Member \_\_\_\_\_ Society \_\_\_\_\_ Zone \_\_\_\_\_

\*If you do not have an LWML contact within the WA-AK District, please contact Solveig Schick for instructions.

 **LWML Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Proposed Mission Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Funds to be sent to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The MISSION GRANT proposal **must** contain the following:

1. This fully completed Mission Grant Proposal Form with accompanying information as requested.
2. Any additional information felt to be necessary.
3. Photographs or schematics of the proposed mission and other images, such as a logo, sent electronically to *solveig.schick@gmail.com* or on a thumb drive to the address above. Images will be transferred to a PowerPoint and shown at the convention during the mission grant presentation, preceding the vote.

**Paper photographs and brochures cannot be used.**

**MISSION GRANT PROPOSAL INFORMATION**

**LWML Washington-Alaska District**

**SUBMIT RESPONSES TO THE FOLLOWING ITEMS IN A SEPARATE TYPED DOCUMENT.**

1. Mission goal statement.

[This may address questions such as: What is the mission emphasis of the grant? How will it spread the Gospel of Jesus Christ or further ministry of the Word of God?]

1. Purpose(s) for which funds will be used.

[This may answer questions such as: Who will be impacted, what is the purpose, where is it located, why is it needed, and how will mission grant funds assist?]

1. (Optional) Specific needs not addressed in item 2.
2. Who is the governing body to whom the organization regularly reports?

[If there is a connection to an LCMS Office of Missions, an RSO, an LCMS congregation or district, or an LCMS partner church, please include that information.]

1. Who is responsible for implementing this proposed mission?
2. Who is responsible for administration of funds for this proposed mission grant?

Questions 7-11 should be answered by someone who will be directly involved in the proposed mission.

1. Are there similar existing programs in the proposed mission’s geographic area?
2. Total amount and source of remaining funds for this proposed mission if funding is only partial for the need.
3. What, if any, alternative funding is available?
4. How will this mission be sustained after the grant monies are used?
5. Financial statement or budget for the proposed mission. This may include: cost of land, facilities, construction, equipment, salaries, scholarships, etc.
6. (Optional) The names and comments of persons having special knowledge of the ministry.
7. (Optional) Additional reasons this proposed mission is important.

If pertinent information is available after the proposal is submitted, also forward it to the address below.

***Return a copy of the Mission Grant Proposal by October 31, 2025 to*** ***solveig.schick@gmail.com*** ***or to:***

 Solveig Schick

 Vice President of Gospel Outreach

 324 Merrill Way

 Port Angeles, WA 98362

**NOTE:** The LWML Washington-Alaska District Mission Grants Committee will submit the mission grant proposal to the following for approval:

* The LCMS Northwest District President.
* The national or partner church that the Mission Grant Proposal is involved with.

**NOTE:** Grants are funded through the collection of Mites over the 2026-2028 biennium by LWML Member Groups and LCMS congregations within the LWML WA-AK District. In general, grants are funded in the order of convention voting as donated funds are received over the two-year period.