

LWML IOWA WEST DISTRICT Cover Signature Sheet for Grant Proposals

(Please include this signed document with the proposal documents)

Name of proposed project: _____

Amount requested: \$ _____

Must Be Submitted by: (check one) IWD LWML member IWD LWML Group IWD LWML Zone

Project Submitter: (must be from one of the IWD sources noted above)

Name: _____ Phone: _____

Address: _____ Email: _____

Congregation: _____ Group: _____ Zone: _____

Signature: _____ Date: _____

Endorsement of Submitter's IWD Group or Zone President:

Name: _____ Phone: _____

Address: _____ Email: _____

Signature: _____ Date: _____

Congregation: **IDW Pastor or Counselor:**

Name: _____ Phone: _____

Address: _____ Email: _____

Congregation: _____ Society: _____ Zone: _____

Signature: _____ Date: _____

Additional endorsement for projects outside IWD:

Iowa West District LCMS President: _____ Phone: _____

Address: _____ Email: _____

Signature: _____ Date: _____

Additional endorsements for foreign projects: (The Vice President of Gospel Outreach and Special Focus Ministries will forward to Chief Mission Officer of Office of International Mission once IWD President has signed.)

Name: _____ Phone: _____

Address: _____ Email: _____

Signature: _____ Date: _____