

Lutheran Deaf Mission Society

Mission Grant Request Form

Individual making the grant:

Name:

Address:

Phone/Videophone/Text (Cell Phone):

E-mail:

Name of organization being helped:

Name of grant:

Annual budget of your organization:

What is the total budget of your project? How much of your budget are you requesting from other organizations? Are you requesting (or have you received) funds for this project from another organization?

Purpose of grant funds. How will they be used? Be as specific as possible.

Amount requested. Please itemize specific needs:

Estimated number of Deaf people being impacted:

Demographic of people served. (Age range? Hearing or Deaf? Other helpful demographic information?)

When will the project begin?

When will the project end?

Submit a letter of request with information indicated in this Form.

Mail your mission grant request to

Executive Director

Lutheran Deaf Mission Society

PO Box 434038

St Louis MO 63143

Or email your request as a PDF file to: LDMS@DeafJesus.org

Subject: Mission Grant Request