



# Lutherans in Medical Missions

## Lutherans in Medical Missions Grant Application Form

### Organizational Information

Application date:			
Name of Organization			
Organization Address:			
Organization Phone Number:		Organization Website:	
Organization Email Address:			
Contact person:			
Contact Person's Mailing Address			
Contact Person's Email Address:		Contact Person Phone Number:	

### Proposed Project Information

Project Name:			
Start/Finish Dates:			
Location of Project:			
Other Partners for this project :			
Location of Project:			



# Lutherans in Medical Missions

Other Partners/ Organizations associated with this project and describe their contribution to this project :	
Other Funding Sources for This Project:	
Amount Requested from LIMM:	
<b>Project Narrative</b>	
Please share with us in 1-2 sentences how this project relates to the mission statement and vision of Lutherans in Medical Missions (see cover letter):	
Who will be your target population?	
What needs or problems will be addressed?	
What outcomes are you seeking?	



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What will you do to accomplish these outcomes?	
How will you define success?	
What tools will you use to measure success (evaluation model)?	
Describe the extent to which this project is based on approaches that have been effective in other settings?	
<b>Budget Narrative</b>	
Detailed description of Project Expenses:	
What will you do if you don't receive full funding for this project?	
Please include a copy of your organization's financial page.	