

# The Narrow Way Collaborative - Request to Collaborate

**1. Organization Name**

**2. Primary Contact Name**

**3. Title/Role**

**4. Email Address**

**5. Phone Number**

**6. Website or Social Media Handles**

**7. Mission Statement or Purpose**

**8. Brief Overview of Your Work (What populations do you serve? What issues do you address?)**

**9. Geographic Area of Focus**

- Local
- Regional
- National
- International (specify)

**9a. Please specify**

**10. Type of Collaboration You're Interested In**

- Joint Program or Initiative
- Community Outreach/Event
- Resource/Knowledge Sharing
- Strategic Planning or Consulting
- Grant or Funding Partnership
- Other (specify)

**10a. Other:**

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**11. Describe the Collaboration You Envision (What would success look like? How would we work together?)**

**12. How Does This Collaboration Align with The Narrow Way's Mission?**

**13. Ideal Start Date for Collaboration**

**14. Is There a Specific Deadline or Timeline We Should Know About?**

- Yes  
 No

**14a. If yes, please explain:**

**15. Are You Open to an Introductory Call or Meeting?**

- Yes  
 No  
 Maybe - email is best for now

**16. Anything Else You'd Like to Share?**