



The Narrow Way Advisory - 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:

The Narrow Way Collaborative - Request to Collaborate

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

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?