



the
Pando Collective

Kingdom Dreams
Organizational Small Grant Proposal Questionnaire

301 Austin Bluffs - Colorado Springs, CO 80918
ThePandoCollective@gmail.com

Activating, supporting, and resourcing a connected missional presence in Colorado Springs and around the world through smaller micro-church expressions

Organization Name: _____

Contact Person: _____

Address: _____

Email address: _____

Phone number: _____

Grant Amount Requested: \$ _____

Are you a ___ 501(c)3 Nonprofit, or ___ a small business?

1. Organizational History and Background
2. Mission and Vision Statement
3. Values Statement or list of organizational values

4. Current Strategic Plan and Priorities

5. Current Key Staff and background

6. Current Board Members (names and addresses) and brief profiles if applicable

7. Do you have an IRS 501(c)3 determination letter? If so, include a copy of the letter.

8. Current list of working partnerships

9. Current constituents - who do you serve?

10. Benefits afforded to current constituents through the organization

11. Past and current impact of the organization

12. Total scope of project cost versus amount of grant being requested.

13. Give a brief description of how the grant will be used.

14. Who are your other financial partners or sources of revenue?

15. Potential Impact if you do and do not receive the grant?

Thank you for submitting your Kingdom dream with us. Our team will review your request within 14 days of receipt. After that we will be in contact with you for further steps.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for the requested grant. I also hereby acknowledge my responsibility to report on the use and impact of the grant in 90 days-time and that failure to do so will disqualify the organization and/or person from receiving future grants.

Witnessed this _____ day of _____, 20_____.

Names of representatives:

Applicant

Pando Collective

Signature of Applicant

Signature 1 of Representative

Printed Name of Applicant

Signature 2 of Representative

Title of Applicant

Printed names of representatives

OFFICE USE ONLY

Grant request ___ approved ___ declined

Date: _____

Amount of Grant Approved: \$ _____

Date of Disbursement: _____

Follow up report received: ___ Yes ___ No

Date received: _____