

## Kingdom Dreams Individual Small Grant Proposal Questionnaire

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

Name:\_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Grant Amount Requested: \$\_\_\_\_\_

- 1. Describe your ministry and your vision for what you want the Lord to accomplish.
- 2. How do you see the Lord already at work in this vision?
- 3. What is your current plan for accomplishing this vision?
- 4. Is there anyone else is helping you accomplish this vision (individuals, ministries, or organizations)?

- 5. Who are the people you are trying to serve?
- 6. Describe the impact you hope to make?
- 7. Total scope of project cost versus amount of grant being requested.
- 8. Give a brief description of how the grant will be used.
- 9. Do you have other financial partners or sources of revenue?
- 10. What it the 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 <u>.</u>                    |
|----------------------------------------|----------------|---------|----------------------------------|
| Names of representativ<br>Applicant    | es:            |         | Pando Collective                 |
| Signature of Applicant                 |                | -       | Signature 1 of Representative    |
| Printed Name of Applica                | ant            | _       | Signature 2 of Representative    |
| Title of Applicant                     |                | _       | Printed names of representatives |
| OFFICE USE ONLY<br>Grant request appro | oved declined  | Date:   |                                  |
| Amount of Grant Appro                  | ved: <u>\$</u> | _       | Date of Disbursement:            |
| Follow up report receive               | ed: Yes No     | Date re | ceived:                          |