**Youth as Health Care Change Agents: Supporting Youth Development Programs**

**Letter of Intent**

**Applicant Information**

1. Organization name:
2. Mailing address:
3. Contact person name, title, email and phone:
4. List other organizations participating in the proposal (if applicable)
5. Lead applicant organization annual revenue (averaged over past two years):
6. Lead organization racial equity focus:
7. Is the lead organization BIPOC-Led (Black, Indigenous, and People of Color)? (Y/N)

*Definition: BIPOC-led organizations have BIPOC individuals in the top staff leadership role(s) (such as executive director, president, or other leadership structure), have a majority of BIPOC members on its board of directors, and have a demonstrated history of meaningfully engaging and centering the experiences of BIPOC individuals in their decision-making process.*

1. Is the lead organization racial equity-centered? (Y/N)

*Definition: Racial equity-centered organizations have a stated and explicit focus (e.g. vision, mission statement) of serving BIPOC communities by advancing racial equity and justice. These organizations not only focus and target their support to BIPOC communities but do so in authentic partnership with them and as a result, are trusted partners (regardless of whether or not the organization is BIPOC-led).*

1. We are asking these questions to measure and hold ourselves accountable for how our grant dollars are invested. If there is additional contextual information that you would like to provide about your organization’s demographic diversity and/or commitment to racial equity, please add it here *(optional, max 250 words).*

**Narrative Questions**

1. Describe your organization(s), proposed roles, and why you believe you will be successful *(2-3 paragraphs, max 400 words).*

*Word Count for Question 1:\_\_\_\_\_\_\_\_*

1. Describe the lead organization’s history, short bios of its leaders, and its top three achievements during the past five years. Please feel free to link to relevant materials on your website or attach existing documents. *If you do wish to provide additional narrative (optional), please add it below ((max 500 words.)*

*Word Count for Question 2: \_\_\_\_*

1. Describe the population of youth you will serve, including the age range, and how you will recruit them. Include a target for the expected number of youth participants in each year of the program *(provide a few bullets/sentences, max 250 words).*

*Word Count for Question 3:\_\_\_\_\_\_*

1. Describe the programming that you are proposing for these youth and why you believe this programming will be effective, in terms of impact on health and health care career development. If the programming builds on, or replicates, existing programs, please describe the existing programs and provide evidence of their health impacts and impacts on career development *(300-750 words).*

*Word Count for Question 4:\_\_\_\_\_\_\_\_*

1. Name the community (city / town or Boston neighborhood) that you are serving and how this work will improve life expectancy in your community. What health outcomes do you expect to influence in the short and long term? If your city / town / Boston neighborhood is not reflected in our data on Eastern Massachusetts communities with low life expectancy (see RFP Appendix), please explain why your city / town / Boston neighborhood should be considered a community with low life expectancy (max 250 words).

*Word Count for Question 5:\_\_\_\_\_\_\_\_*

1. Community leadership. Please describe how you will center youth and family leadership in this project *(max 250 words).*

Word Count for Question 6: \_\_\_\_\_\_\_\_\_

Please attach:

* Budget Worksheet
* Materials responsive to Question 2 (if applicable)

Please submit this LOI by email to [grants@atriusfoundation.org](mailto:grants@atriusfoundation.org) by 5:00 PM Et on February 16, 2024.