



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Letter of Program Interest

Thank you for your interest in partnering with the Gateway Region YMCA, please complete the following information so that we can better understand what type of partnership you are looking for.

Name of organization: _____

Address: _____

Name of point of contact: _____

Phone number: _____ Email: _____

Audience you serve: _____

Ages served: _____

Total number of participants in your program: _____

Which YMCA program(s) you would like to partner with: _____

What is your timeline (when would you like to start)? _____

Do you have your own transportation for students? Yes No

If applicable, would you be able to obtain transportation for students? Yes No

Your program dates: _____ Days of the week: _____

To determine eligibility, please check the following boxes that apply to your organization.

Bridging the Opportunity Gap:

- More than 65% of the participants in our summer program are free/reduced lunch qualified (Financial)
Please explain how you are measuring this:
- Directors will provide a specific academic/ resource need ie: access to a swimming pool, MAP scores, etc.
- Anyone can participate in the programming regardless of race, color, religion, creed, sex, sexual orientation, pregnancy and pregnancy related conditions, gender identity, national origin, ancestry, age, veteran status, disability.

Connecting Communities (Developing Community Leaders):

- Schools are more than 65% free/reduced lunch and/or zip code average income that meet 2 times the poverty guidelines.
- Directors will provide a defined statement of need: community violence, poor academic, graduation rates, etc. Community qualifies financially but defined community need.

- Anyone can participate in the programming regardless of race, color, religion, creed, sex, sexual orientation, pregnancy and pregnancy related conditions, gender identity, national origin, ancestry, age, veteran status, disability.

Cultivating Health Equity:

- Does your organization serve and/or operate in low-income communities defined as 2 times the federal poverty guidelines?
 - 2018: Household incomes for families of four \$50,200
- Academic/Resource Need: Defined by the director such as
Either provides access and/or is working to remove barriers to these communities engaging in healthy choices and habits.
 - Need BMI for childhood obesity
 - Self-care priorities
 - Outside time: Social emotional health, community health
 - Social Emotional priorities around safety
 - Defined food access need such as
 - correlation between fresh food and community health (childhood obesity, abuse and neglect)
- Anyone can participate in the programming regardless of race, color, religion, creed, sex, sexual orientation, pregnancy and pregnancy related conditions, gender identity, national origin, ancestry, age, veteran status, disability.

If you have participated with any other Community Development YMCA programs in the past 2 years, please list those programs:

This document serves as a letter of interest, and does not guarantee that we will be able to provide your organization with this program. Notification of acceptance in the program will be provided after (date). If you have any questions reach out to (name and email of main contact)

Point of Contact Signature

Date