



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 your needs and identify potential opportunities to collaborate.

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: \_\_\_\_\_

How would this partnership fulfill a need that is currently not being fulfilled in your community?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

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

- School or community organization where
  - More than 65% of the students qualify for a free/reduced lunch
  - Serves a zip code with an average income that meet 2 times the poverty guidelines.
 Please describe how you measure this:

\_\_\_\_\_  
\_\_\_\_\_

- There is a need within your school or organization.  
Please describe the need.

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- 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 partnered with any other YMCA programs in the past 2 years please list those below:

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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 by the YMCA. If you have any questions reach out to (name and email of main contact)

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Point of Contact Signature

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Date