

**FUNDING OPPORTUNITY:
RIP Medical Debt (RIPMD) and Communities Joined in Action to Relieve and Prevent Medical Debt
What to Include in Your Letter of Intent (LOI)**

How to submit your letter of intent

- Please submit your completed LOI as a Word or PDF document to communityimpact@ripmedicaldebt.org by **June 1, 2022**.
- There is a six-page, single space, 11-font limit for the LOI.

Summary of project

- In broad strokes, share how this opportunity from RIPMD will help you operationalize or expand ongoing efforts to relieve medical debt and improve health and economic well-being in your community.
- Which entity will serve as the backbone organization for this grant? What other organizations do you intend to partner with, and which hospitals or health care systems in your region do you intend to engage? Do you have any existing relationships with local hospitals or health care systems (and at what level)?

Statement of need

- Why is medical debt and debt relief a priority for your organization or collaborative?
- How does this project support your vision for seeding, continuing, or expanding local efforts to address the issue of medical debt?
- How does medical debt impact your patient population? Your community as a whole?
- Who do you anticipate will benefit from this project?

Project Activity

- Please indicate which organizations will collaborate with you and what their roles will be.
- Do you anticipate that you will create a steering committee to guide this initiative, or will this be added to the responsibilities and oversight of an existing body?
- What hospitals or health care systems will you bring to the table for the debt relief portion of this work? How will you engage them?

Outcomes

- What specific outcomes do you hope to achieve over the two-year grant period?
- How will you evaluate success?

Budget Requirements

- Please provide a general description of your funding needs and allocations for this project. (We will request a more detailed budget if you are invited to submit a full proposal.)

Organizational or Collaborative History

- It's your turn to brag! Briefly describe your collaborative, its history of working together, and any recent "wins" you've been able to achieve together. Be sure to include why you think your collaborative is a great fit for this opportunity.
- Please share how your steering committee and leadership team represent and reflect the racial, ethnic, gender and income diversity of the communities you are serving. Please also include whether your steering committee or leadership team includes people with lived experience of medical debt and, if not, how your project will ensure the inclusion of their perspectives on the problem and potential solutions.

Contact Information:

- Lead Organization Name
- Point of Contact Name
- Address
- Phone Number
- E-Mail
- List additional collaborative members, include names of organizations and points of contact

Affiliation with CJA:

- Describe your affiliation with CJA (e.g., dues-paying member, board member, participant in webinars, conferences, etc.)
- If selected to receive funding, how would you share lessons learned from this project with the CJA network?