|  |  |
| --- | --- |
| To: | Association of American Medical CollegesAttn: Center for Health Justice655 K Street, NW, Suite 100Washington, D.C. 20001 |
| From: | [Name][Organization][Address] |

[Date]

Dear AAMC Center for Health Justice,

[Optional: Consider including a short introduction describing the core team and partnering community organizations’ goals and its interest in the pilot project.]

We are writing this letter of commitment for the AAMC Center for Health Justice Principles of Trustworthiness Pilot Project. Our organizations are located in [geographic area] serving [describe your community]. We are committed to being on the core team or a community organizational partner for the duration of the Principles of Trustworthiness Pilot Project.

[Optional: Consider including a brief description and history of existing and new partnerships within the community. Describe how participating with the pilot project aligns with the interests and needs of all community partners].

By signing this letter of commitment, we agree to the following expectations:

**For Core Team**

1. Collaborate with, and receive virtual support from, the center’s staff and consultants.
2. Attend and participate in all monthly virtual meetings with the center staff and other pilot project core teams.
3. Use all the Toolkit materials as directed and actively and meaningfully engage with a minimum of 5 and maximum of 10 additional community partners beyond the core team.
4. In collaboration with other local community partners, plan and carry out specific actions to implement the Principles of Trustworthiness in your community.
5. Provide monthly feedback and insights via an online forum to inform future improvements on the Toolkit and the AAMC’s understanding of its value.
6. Complete up to three (3) surveys designed to assess changes in trustworthiness and partnerships.

**For Community Organizational Partners**

1. Work with the core team at the local level to complete items 3-6 above.

**Core Team Member #1 (Required)**

Sincerely,

[Signature of Authorized Representative]

Name:

Title:

Organization:

**Core Team Member #2 (Required)**

Sincerely,

[Signature of Authorized Representative]

Name:

Title:

Organization:

**Core Team Member #3 (Required)**

Sincerely,

[Signature of Authorized Representative]

Name:

Title:

Organization:

**Core Team Member #4 (Required)**

Sincerely,

[Signature of Authorized Representative]

Name:

Title:

Organization:

**Core Team Member #5 (Required)**

Sincerely,

[Signature of Authorized Representative]

Name:

Title:

Organization:

**Community Organizational Partners #1 (Optional)**

Sincerely,

[Signature of Authorized Representative]

Name:

Title:

Organization:

**Community Organizational Partners #2 (Optional)**

Sincerely,

[Signature of Authorized Representative]

Name:

Title:

Organization:

**Community Organizational Partners #3 (Optional)**

Sincerely,

[Signature of Authorized Representative]

Name:

Title:

Organization:

**Community Organizational Partners #4 (Optional)**

Sincerely,

[Signature of Authorized Representative]

Name:

Title:

Organization:

**Community Organizational Partners #5 (Optional)**

Sincerely,

[Signature of Authorized Representative]

Name:

Title:

Organization:

**Community Organizational Partners #6 (Optional)**

Sincerely,

[Signature of Authorized Representative]

Name:

Title:

Organization:

**Community Organizational Partners #7 (Optional)**

Sincerely,

[Signature of Authorized Representative]

Name:

Title:

Organization:

**Community Organizational Partners #8 (Optional)**

Sincerely,

[Signature of Authorized Representative]

Name:

Title:

Organization:

**Community Organizational Partners #9 (Optional)**

Sincerely,

[Signature of Authorized Representative]

Name:

Title:

Organization:

**Community Organizational Partners #10 (Optional)**

Sincerely,

[Signature of Authorized Representative]

Name:

Title:

Organization: