**Attachment B: Letter of Interest Form**

It’s easy to apply for your organization to be a Community Partner. Simply fill out this form to express your interest, identifying the populations your organization is strongly connected to, and why you are particularly qualified to engage these groups. Non-traditional responses, such as oral presentations, may be accepted if needed.

**Completed forms must be received by November 23, 2016 at noon**

Questions? Contact:   
Kirstie Laatsch, Planner

[imaginemadison@cityofmadison.com](mailto:imaginemadison@cityofmadison.com)

608.243.0470

Submit to: imaginemadison@cityofmadison.com or in person or by mail to:

City of Madison Planning Division

Attn: Kirstie Laatsch

126 S. Hamilton Street

Madison, WI 53701

|  |  |
| --- | --- |
| **Lead Community Organization:** | **Contact Name:** |
| **Email:** | **Phone:** |
| **Address:** | |
| **Other Organization(s) Involved:** | **Contact Name:** |
| **Email:** | **Phone:** |
| **Address:** | |
| **Please identify which underrepresented group(s) your proposal will focus on:**   |  |  |  | | --- | --- | --- | | African American | Hmong | Lower Income Residents | | Hispanic/Latino | Older Adults | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **How is your organization connected to the group(s) you identified above?** | |
| **Why is your organization particularly qualified to engage these groups in the Imagine Madison process?** | |