Instructions for use: *The letter below notifies panel applicants that they were selected to serve on the panel. Complete the fields in yellow, and modify the text to fit the specifics and style of your organization. This can be delivered via email, or as a paper letter. It can also be modified to notify applicants who were not accepted.*

[Date]

Dear Health in Action Panelist:

Thank you for your hard work and dedication in reviewing, deliberating, and selecting project proposals for the Health in Action process. Your contribution as a panelist ensures community oversight for how funding is allocated in [target community] and brings community voice and power into civic decision-making processes.

The term of your commitment as a Health in Action panelist is [date/year] to [date/year]. This letter serves as an agreement between you and the [organization] and describes the terms and conditions of this agreement.

Your support will contribute to the selection of up to [number of projects funded] Health in Action projects to receive funding in [grant year] to promote the built environment and/or physical activity in [target neighborhood]. We are pleased to be able to provide you with [stipend amount] for completing all the following tasks:

1. Complete this Letter of Agreement and sign.
2. Submit a completed W9.
3. Review and complete online scorecards for all [number of projects funded] Health in Action project proposals.
4. Commit to attending [#] in-person training(s), [#] community event(s), and a final in-person review session. This will amount to approximately **[#] hours of time between [start month] and [end month] of this year.**

This payment is contingent upon all described activities being completed by [end date]. The signed agreement and W-9 should be submitted by email to [email address].

Funding for Health in Action is provided through [funder]. This initiative supports a healthy built environment and the promotion of physical activity at the neighborhood level.

If this letter correctly sets forth the understanding of the arrangements and conditions regarding your responsibilities and work on this agreement, please return one (1) signed original and complete W-9 form as a PDF to:

Project Lead
Email Address
Title
Organization

We are pleased to have the opportunity to partner with you and look forward to working with you.

AGREED AND ACCEPTED:

_____	_____
Funding Organization	Health in Action Panelist Name
Funding Contact	Health in Action Panelist