

Live-Work-Play-Cincinnati Coalition Commitment Letter

_____ (Organization or Individual Name) is committed to being an active member of the Cincinnati Health Department's Live-Work-Play-Cincinnati Coalition. We are committed to the vision, goals, and strategies that have been decided by the Coalition. We are committed to the planning and collaboration that such Coalitions undertake. We acknowledge and celebrate the contributions of the other members of the Live-Work-Play-Cincinnati Coalition.

As general evidence of our commitment, we agree to do the following as opportunities arise:

- Appoint a representative(s) to attend LWPC Coalition meetings and activities
- Read minutes, reports, and newsletters to keep abreast of LWPC Coalition decisions/activities
- Disseminate relevant information to organizational members or employees through listservs, websites, and newsletters
- Keep LWPC Coalition informed of our organization's related activities
- Maintain LWPC Coalition confidentiality by refraining from sharing or acting upon ideas/projects discussed in the Coalition without the consent of Coalition members or including the Coalition in ideas/projects.

Specifically, our organization will commit to any of the following resources to the Coalition

(please check any that apply):

- Access to our volunteers for Coalition tasks
- In-kind contributions of staff time, material resources, meeting space, refreshments
- Connections to other key organizations/individuals
- Other (please specify) _____

Name of Organization:

Name and Signature of Coalition Representative:

Date: