Methodist Healthcare Ministries
Acknowledgement of Organizational Commitment

Reference: MHM Request for Proposals (RFP) for Economic Mobility

Date: _____

Applicant Organization: _____

Primary Contact Name and Title: _____

Email and Phone: _____

By signing below, the organization affirms that it has reviewed the RFP in its entirety, understands the expectations and multi-year nature of this award, and acknowledges the commitments described herein. This acknowledgement is intended to confirm executive-level support for undertaking implementation of proposed approaches and capacity-building activities that strengthen the organization's ability to implement, expand, or realign economic mobility programming over a five-year period.

Please note for collaborative proposals, this form is required to be completed by the lead applicant/fiscal agent only at this time. If selected, all additional partners will be required to complete the acknowledgement prior to final award.

Organizational Acknowledgements

1. **Five-Year Commitment to Implementation and Capacity Building:** The organization commits to a five (5) year grant period focused on implementation and capacity-building (e.g., training, professional development, systems and data infrastructure, evaluation capacity, planning and program design, consultant support, and partnership development). The organization will plan for progressive capacity gains in Year 1 leading to implementation readiness, expansion, and sustainability planning in Years 2–5, consistent with the RFP.
2. **Intentional Collaborative Work with Partners:** The organization agrees to pursue intentional collaboration with external evaluators, MHM implementation partners, community members, and other local entities to advance a holistic approach to economic mobility. This includes cultivating and maintaining partnerships and establishing the systems, agreements, and feedback loops necessary to coordinate services and share learning in support of community economic mobility.
3. **Meaningful Engagement of Individuals with Lived Experience:** The organization will engage individuals with relevant lived experience throughout the grant lifecycle, as appropriate and feasible (e.g., in needs assessment, program co-design, implementation, governance or advisory roles, evaluation, and continuous improvement). Engagement practices will be respectful, compensated when applicable, and designed to inform community-centered program decisions.

Additional Confirmations

1. The organization has reviewed the full RFP and understands that this is a multi-year award with associated performance, reporting, and budget planning expectations, including year-over-year budget increases as outlined in the RFP.

2. The organization acknowledges that the purpose of this funding is capacity-building and implementation of innovative strategies for economic mobility including one or more of the required approaches (cash assistance, Mobility Mentoring®, 2Gen), and not the continuation and maintenance of existing programs and direct services, except as aligned with the RFP.

Additional Comments (optional):

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_____

_____

Authorized Signatory (One Required) Select one eligible signer: Board Chair, Board Vice Chair, or Executive (e.g., CEO, Executive Director, COO, CFO).

Name (print): _____

Title: _____

Signature: _____

Date: _____

This acknowledgement does not substitute for any agreements required at award; it affirms executive support for the commitments described in the RFP.