<Date>

Dear <Community Partner>:

You have been recognized as a key community member working to make a difference in INSERT COMMUNITY NAME. Key community members represent persons from various groups including law enforcement, faith-based organizations, health care providers, business owners, government officials, educators, social service-based organizations, and more. Please accept this invitation to participate in the Community Priority Action Planning Workshop hosted by [HEALTH CARE ORGANIZATION NAME] and the National Rural Health Resource Center’s Delta Regional Community Health Systems Development Program (DRCHSD) team.

The purpose of this Community Priority Action Planning Workshop is to develop an action plan for meeting the community’s health needs. This workshop will help identify the strengths, needs, barriers, and challenges facing your community today, and together create a plan to move forward. This is your opportunity to work collaboratively with [HEALTH CARE ORGANIZATION NAME] and community members. We desire for this session to create open communication between the healthcare organization and community, build trust, and identify collaborative opportunities. Your input will be very valuable in developing the framework for this project.

**Note to Community Champion (select one of the following to communicate if the workshop in-person or virtual)**

* This workshop is scheduled for <Insert Month, Date, Year, from Time to Time> **virtually** using the Zoom platform. We appreciate the use of video but understand that some will only be able to use computer/device sound. How To – Zoom Tutorial: <https://support.zoom.us/hc/en-us/articles/201362193-How-Do-I-Join-A-Meeting->
* Virtual Workshop Zoom Link: ADD LINK HERE
* This workshop is scheduled for <Insert Month, Date, Year, from Time to Time> in the <\_\_\_\_\_room> at <insert location name/address here>. Refreshments will be provided by healthcare organization name (NOTE TO COMMUNITY CHAMPION: INCLUDE THIS SENTENCE IF APPLICABLE).

Please contact <insert name, email address, phone number, and organization name> to confirm your attendance for the Community Priority Action Planning Workshop. We look forward to working with you to improve the health of our community.

Sincerely,

<Insert name>

<Insert Organization> Community Champion