



Organizational Letter of Commitment

By signing this letter of commitment to the *Expanded Learning Opportunities Network*, your organization is indicating its willing participation in the work and mission **for one fiscal year** (July 1 – June 30) to ensure every child in the Greater Grand Rapids community has access to quality afterschool programs. You are also allowing the name of your organization to be listed publically as a partner organization in the ELO Network.

Membership Requirements:

- Commitment to the ELO vision, mission and goals
- Endorsement of the ELO Standards of Quality Care
- If a program provider, completion of the YPQA quality assessment tool
- Payment of annual membership fee
- Regular committee participation
- Annual Renewal of commitment to ELO Network (requires a signed letter of commitment)

Mission: To ensure that every child in the Greater Grand Rapids area has access to quality afterschool programs that are well-coordinated and financially efficient.

Vision: To ensure that every child in the Greater Grand Rapids area has access to quality afterschool programs that enhance their personal and academic success.

Goals: To increase the number of quality afterschool programs that ensure every child has access to quality afterschool programs that are well coordinated and financially efficient.

By signing the organizational letter of commitment, your organization commits to contribute one annual fee.

With the full authority of _____ (organization) the signature below signifies the organization’s full support of the vision, mission, and goals of the ELO Network. Please identify staff to represent your organization at regularly scheduled meetings of the ELO Network and its committees.

Signature

Date

Print Name and Title



Organization Info. and Membership Fee

Organization Name _____

Organization Director/CEO Name and Title _____

Mailing Address _____

City, State, Zip _____

Main Phone _____

Main Fax _____

Website _____

The following names are the delegated contact people for the following organization.

Name	Title	Email	Phone

DUES SCALE

Please select one.

Membership Type	Annual Dues
<input type="radio"/> Organizations	\$100
<input type="radio"/> Gold-Level Member*	\$150

** Gold-Level members voluntarily contribute \$50 above their dues levels in support of the ELO Network. They are recognized as such in all ELO Network promotional materials. Extra contributions are tax deductible.*

Payment Information

Check - *make check out to Our Community's Children*

Please mail checks to: Our Community's Children
 Suite 921
 300 Monroe NW
 Grand Rapids, MI 49503

Invoice

Billing name and address _____

Credit Card MC Visa

Card Number _____

Cardholder Name (print) _____

Exp. Date _____

Cardholder Signature _____

Date _____

For more information contact:

Ellen Arrowsmith at Our Community's Children, earrowsmith@grcity.us, P: 456.3102, F: 456.4565