

## **Attachment C4. Partner Survey Recruitment Letter**

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[Date]

[Name of Partner Organization Point of Contact]  
[Address]

Re: Participation in the Maternal Health Portfolio Evaluation

Dear [Name]:

[ORGANIZATION NAME] has been contracted by the U.S. Department of Health and Human Services, Health Resources and Services Administration to evaluate the Maternal Health Portfolio, which includes five grant programs: 1) State Maternal Health Innovation Support and Implementation Program (Supporting MHI); 2) State Maternal Health Innovation Program (State MHI); 3) Alliance for Innovation on Maternal Health (AIM); 4) Alliance for Innovation on Maternal Health Community Care Initiative (AIM-CCI); and 5) Rural Maternity and Obstetrics Management Strategies Program (RMOMS). We are contacting you because of your partnership with [GRANTEE NAME], who is participating in the [GRANT PROGRAM].

As part of this evaluation study, [ORGANIZATION NAME] is requesting your participation in a survey about your partnership with [GRANTEE NAME]. This partnership survey will allow us to learn about your organization, your role in relation to [GRANTEE NAME], and your experience working with [GRANTEE NAME].

The information that you submit in the partnership survey will be very important to our interim and final evaluation reports for HRSA. The form will take approximately 15 minutes to complete.

We appreciate your assistance in this very important evaluation. [EVALUATION TEAM MEMBER NAME] from [ORGANIZATION] will be contacting you within the next few days with next steps for completing the survey. If you have questions about this study, please contact me at [PROJECT DIRECTOR EMAIL] or [PROJECT DIRECTOR PHONE NUMBER].

Thank you for your participation in this very important study.

Sincerely,

[PROJECT DIRECTOR NAME]  
Project Director

