

**Michigan Department of Health and Human Services (MDHHS)  
Office of Equity and Minority Health (OEMH)  
Health Equity Council Commitment Form**

Completion of this form indicates that you commit and agree to be an active participant of the multi-sector partnership team in collaboration with:

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Name of Applicant Organization (Backbone Organization)

**Health Equity Council Member Information**

<b>Name/Title:</b>	
<b>Organization:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Email:</b>	
<b>Racial/ Ethnic Population(s) Represented:</b> (e.g., Black/African American, American Indian/Alaskan Native, Arab and Chaldean American, Asian American, and Pacific Islander, and Hispanic/Latino, etc.)	
<b>Sector Represented</b> (e.g., healthcare, non-profit, faith-based, tribal councils, education, community member, private business, etc.)	
<b>What role will you play on the council?</b>	
<b>What do you hope to achieve as a member of the health equity council?</b>	
<b>What skills, professional/political context, experience, interest, and personal characteristics will you bring to the team?</b>	
<b>If applicable, please share the history of collaboration you have with the applicant organization.</b>	
<b>Please speak to the applicant as a convener and backbone agency for the health equity council.</b>	

\_\_\_\_\_  
Signature (Individual Completing Form)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Signature/Title

\_\_\_\_\_  
Date

**Applicants must submit a minimum of three (3) copies of Health Equity Council Commitment Form with their initial request for funding application.**