



CEO/Executive Director Organization Commitment:

The Massachusetts Institute for Community Health Leadership (MICHL) is a program of the Blue Cross Blue Shield of Massachusetts Foundation. Please read this form carefully before completing and present this, along with a brief recommendation statement, to the applicant to include with their online application. The recommendation should include such information as 1) how long, and in what capacity you have known the applicant; 2) why you believe the applicant is well-suited to become a participant in the Institute; 3) the applicant's potential for greater leadership roles, including the capacity to lead a Massachusetts organization/program that serves the health care needs of low-income and vulnerable people.

The application deadline is 4:00 p.m., August 1, 2023.

The Foundation covers the program tuition, sessions, learning materials and resources, and other learning experiences, as well as lodging and meals at the Warren Conference Center. The cost for each organization, aside from the participant's time should they be selected, is assessed on a sliding scale and used to: demonstrate and confirm the organization's commitment to the applicant; support equity and access for applicants from organizations with limited infrastructure and/or financial resources; and help defray a small amount of the program cost.

- \$600 – Massachusetts Grassroots, Advocacy, and/or Community-Based Non-Profit Organizations
- \$800 - Community Health Centers; Accountable Care Organizations; and Public Sector (city, local, and state government agencies or commissions)
- \$1,000 - Hospitals and Hospital Systems; Private Health Care Institutions; Health Plans; Academic Institutions; and other private sector and for-profit entities

CEO/Executive Director Recommendation Form

I support the application of _____
to participate in the Massachusetts Institute for Community Health Leadership (MICHL), a comprehensive nine-month leadership development program, which includes addressing structural and institutional racism. I understand the goal of MICHL is to develop and build capacity for more effective leaders serving the health care needs of vulnerable residents in Massachusetts.

I have included a brief recommendation statement (not more than two pages) describing this applicant's leadership capabilities and potential and their promise as an individual to have an even greater favorable impact on the Commonwealth's health care system serving low-income and uninsured consumers.

I understand and agree to support the person that I am recommending to:

- Fully participate in all program activities, including attending all 18 days of the program
- Commit 4 to 8 hours per month for further individual learning (e.g., peer-to-peer coaching, readings, etc.)

I certify that our organization fully supports their participation in the Massachusetts Institute for Community Health Leadership, including **release time** to attend all of the sessions and to complete assignments between sessions.

Signature: _____ Date: _____

Print Name/Title: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Website: _____

Submission of this form and the recommendation statement is required in order for the application to be considered complete. Submission of all application materials are due to Blue Cross Blue Shield of Massachusetts Foundation **no later than August 1, 2023, at 4:00 p.m.**

Thank you.