

# Proposal for Debt Relief Program for Healthcare Workers

Date: [Insert Date]

To: [Insert Recipient Name]

From: [Your Name]

[Your Organization Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

## Introduction

Dear [Recipient Name],

We are reaching out to propose a Debt Relief Program aimed specifically at supporting healthcare workers who are currently facing overwhelming medical bills. These dedicated professionals have tirelessly served our community during challenging times, and it is essential we provide them with the assistance they need to ease their financial burden.

## Program Overview

The proposed program will include:

- Financial counseling services for healthcare workers.
- Negotiation with medical providers for reduced payment plans.
- Access to governmental and charitable financial aid resources.
- Workshops on managing medical debt effectively.

## Objectives

The primary objectives of this program are to:

- Decrease the financial stress on healthcare workers.
- Improve their overall wellbeing and job performance.

- Provide resources necessary for sustainable financial management.

## **Implementation Plan**

Our implementation plan includes collaborating with local healthcare organizations, financial institutions, and community leaders to effectively roll out this program. We anticipate launching within [insert timeline].

## **Funding Request**

To successfully implement this initiative, we are seeking funding in the amount of [insert amount]. This will aid in covering operational costs, resources, and support for the healthcare workers.

## **Closing**

We believe that this Debt Relief Program can make a significant impact on the lives of healthcare workers in our community. We look forward to discussing this proposal further and hope to partner with you in supporting those who have given so much.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Position]

[Your Organization Name]