

Inquiry for Women's Health Partnership Funding

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Organization]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

To Whom It May Concern,

I am writing to inquire about potential funding opportunities through your Women's Health Partnership program. Our organization, [Your Organization Name], is dedicated to improving women's health and wellness in our community by [briefly describe your mission and goals].

We are particularly interested in [specific areas of women's health you are focusing on, e.g., maternal health, reproductive rights, mental health support], and we believe our initiatives align closely with your funding priorities.

Could you please provide us with information regarding the application process, eligibility criteria, and any upcoming deadlines? We would greatly appreciate any guidance you could offer on how to best position our proposal to meet your requirements.

Thank you for considering our inquiry. I look forward to your response.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]