

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Title]

[FQHC Program Name]  
[Organization Name]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to express my intent to apply for the [specific program name] within the Federally Qualified Health Center (FQHC) program. As a [your title/position] with [your experience/qualifications], I am deeply committed to advancing healthcare access in underserved communities. With my background in [mention relevant experience or qualifications], I have witnessed firsthand the critical need for comprehensive healthcare services. I am particularly impressed by [mention specific aspects of the FQHC program that resonate with you]. My goal is to contribute to [specific goals or objectives related to the program].

I believe my expertise in [specific skills or areas of knowledge] aligns well with the mission of [FQHC Program Name]. I am eager to collaborate with like-minded professionals to enhance healthcare delivery and enrich the lives of those we serve.

Thank you for considering my intent to apply. I look forward to the opportunity to discuss how my background, skills, and passion can benefit the [specific program or organization name].

Sincerely,

[Your Name]  
[Your Title/Position]