Pastor/Parish Administrator’s Name

Parish/Pastorate Name

Street Address

City, ST ZIP Code

Date

Archdiocesan Youth Missionary Protagonism Lab Directors

Office of Family, Youth, and Young Adult Ministry

Archdiocese of Baltimore Institute for Evangelization

320 Cathedral Street

Baltimore, MD 21201

Dear Archdiocesan Youth Missionary Protagonism Lab Directors:

I am writing in support of a youth/adult team application to participate in the 2025-2026 AYMP Lab process. Our parish/pastorate *(select one):*

[ ]  will serve as the hosting parish for this team [ ]  will participate but is not the hosting parish

**TEAM MEMBERS:**

The team includes several young people who will be in grades 9 to 12 as of fall 2025: [first & last names of teen team members]. [Add any particular words of support you wish to include.]

My understanding is that the team will be mentored by [first & last name(s) of the proposed local adult Catholic mentors]. [Add any particular words of support you wish to include.]

**VIRTUS clearances will be verified if/when this team is selected.**

[ ]  I am unaware of any reason that these individuals would not be able to complete the VIRTUS training/clearance, and I believe they will serve as appropriate mentor(s) to the above-named young people.

**MICROGRANT FUNDS AGREEMENT:**

[ ]  I am aware that this team, if selected, will be eligible for a microgrant to assist in implementation of their local initiative/project.

[ ]  *(HOSTING PARISHES ONLY):* Our parish/pastorate agrees to take responsibility for managing any microgrant funds disbursed and documenting their use per the intended purpose of the microgrant.

[Add any additional comments you wish to include.]

Yours in Christ,

Pastor/Parish Administrator’s Name

Title

Email Address / Phone Number