

ATTACHMENT C: Letters of Support

INSTRUCTIONS: Applicants are required to submit 3 letters of support from partners located within the neighborhood you are applying to serve. A letter of support should be from provided from each of the following: 1) a local healthcare organization, 2) a local service provider, and 3) a local resident/business association.

Please specify the organization and contact information for each partner in the table below. Letters should be submitted on agency letterhead (if applicable) and address the following:

1. How long have your organizations worked together in your shared neighborhood?
2. In what capacity have your organizations collaborated in your shared neighborhood?
3. Describe the most comprehensive project that your organizations have collaborated on together and joint achievements in your shared neighborhood.

For submission in Survey Monkey, please combine this form and all 3 letters of support into a single PDF form and upload where specified.

Local Healthcare Organization	
Organization Name:	
Contact Name & Title:	
Contact Email:	Contact Phone Number:
Local Service Provider	
Organization Name:	
Contact Name & Title:	
Contact Email:	Contact Phone Number:
Local Resident or Business Association	
Organization Name:	
Contact Name & Title:	
Contact Email:	Contact Phone Number: