

## ATTACHMENT B: Letter of Support

**INSTRUCTIONS:** Applicants are required to submit one letter of support from an organization who serves older adult and/or persons with disabilities located within the neighborhood you are applying to serve. Eligible partners include local healthcare organizations, local service providers, local resident/business association, houses of worship, community/recreational centers, etc.

Please specify the organization and contact information for the partnering organization 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 SurveyMonkey, please combine this form and the letter of support into a single PDF form and upload where specified.

| Partner Organization Information |                       |
|----------------------------------|-----------------------|
| Organization Name:               |                       |
| Contact Name & Title:            |                       |
| Contact Email:                   | Contact Phone Number: |