



## Letter of Support

Program Information	
Name of the Program (or Project):	
Contact Information	
Supporter Name	
Title/Role	
Organization	
Phone Number	
Email	
Organization Mailing Address	
<b>Briefly describe your primary level of support within this program partnership.</b> Please include services, space, equipment, materials, staff time, or other resources that your organization will be committing to the program.	
<i>This form should only be filled out by the primary program partner/supporter indicated above, not by the community impact grant applicant.</i>	