



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
PROPOSED LETTER OF SUPPORT REQUEST**



Please note: DPH has 10 working days to review and consider letters of support requests. If you need more time, please specify below and include final date for receiving letter.

Please complete Sections I – VI. A copy of your proposed request letter must be attached to this application.

I. REQUESTOR INFORMATION

Legal Name (e.g. XYZ, Inc.): _____

Requestor Point-of-Contact Name: _____

Address: _____

Phone: _____ Email Address: _____

II. Grant Information

Grant's Complete Name: _____

Catalog of Federal Domestic Assistance (CFDA) Number: _____

Grant/Funding Announcement Number: _____ Web Link: _____

Requested Amount of Grant Funding: \$ _____

Which Letter of Support Type requested?: Grant application letter of support Grant matching funds commitment letter
 In-kind support letter/Collaboration Other _____

Target Population to be served: _____

Description of Requestor (please include prior and current experience with the target population.):

Primary DPH Program(s) you work with: _____

DPH Program Contact (if applicable): _____

III. Project Abstract- Address questions such as: who will the project serve?; why is it important?; how will grant money be spent?

IV. Special Letter of Support Requirements- e.g., specific forms, format requirements, or any specific elements that must be included

Deadline for proposal application: _____

Address to which the letter should be returned: _____

Preferred method of receiving signed letter:

Email (include address):

Email and Original Mailed

Fax (include number):

Other _____

In-person pick-up from DPH

V: Other Grant Information

Please list the names of any other Connecticut based agencies that Requestor knows are applying for this grant

Please list the names of all agencies supporting the grant proposal (e.g. Federal, State, Foundations, Private entities, Non-Profit Organizations, Local Government agencies, other)

VI. CERTIFICATION OF REQUEST

Requestor **must** sign the application via signed or typed electronic signature.

By signing/typing my name on the signature line below, I certify that the information on this application is correct.

Signature of Applicant (Required)

Date

Name of Applicant (print or type)

VII. REQUEST FORM SUBMISSION – There are two ways to submit your request. Please read the following instructions carefully.

1. **For those using web-based or internet email (e.g., Gmail, Yahoo):**
 - Complete the Letter of Support Request Form and proposed request letter and save to your desktop/device
 - Access your email and create a new message to: dph.los@ct.gov
 - Attach the **saved** Letter of Support Request Form **AND** your proposed request letter to the email and click "Send".
 - You will receive an automated message indicating receipt of your application.
2. **For those using a desktop email application (e.g., Outlook Express):**
 - Complete the Request Form and Click the button below. **PLEASE NOTE: save it to your desktop/ device before clicking the Submit Application button.**

[Submit Your Request](#)

- Your email application will generate a new email message and automatically address the email to dph.los@ct.gov.
- Now **Attach Your Proposed Request Letter** to the same email and click "Send".
- You will receive an automated email message indicating receipt of your application.
- **PLEASE NOTE:** If your desktop email application does not function as noted above, or you do not receive an automated email receipt, resubmit using option #1 above.