



LAW & PUBLIC SAFETY
JUVENILE JUSTICE COMMISSION
REQUEST FOR LETTER OF SUPPORT FORM



Agency Name: _____

Agency Type: Government Non-Profit For-Profit
Other: _____

CONTACT INFORMATION

Name: _____ Title: _____
Phone Number: _____ Email: _____

LETTER ADDRESS INFORMATION

Name: _____ Title: _____
Address: _____
Date letter is needed: _____ (This request must be received at JJC 5 (five) business days in advance)

GRANT INFORMATION

Grant Title: _____
Funding Source: _____
Web address for full grant announcement: _____

Brief description of the overall grant opportunity.

Brief description of what the agency intends to do with the grant funds. This must minimally include the target population, geographic area, project goal/activities, and what involvement is requested of the JJC.

Briefly describe past affiliations, partnerships, collaborations, grants, subgrants, and/or contracts with the JJC.

Additional Comments: