

THE GEORGE WASHINGTON UNIVERSITY
CENTER FOR CIVIC ENGAGEMENT
AND PUBLIC SERVICE

PSGC Letter of Community Support TEMPLATE 1

Grant Applicant Street Address City, State, Zip Code

Collaborator Collaborator's Contact Person Address 1 Address 2 City, State, Zip Code

Dear (Funder's Contact Person):

As a (parent/local business owner/head of PTA/etc.), I would like to express my (strong) support for (Grant Project Title).

This project is important to me/my business/organization/community specifically because (Explain reasons for support).

(Applicant Organization) is an (integral/important) part of (Community). (Explain need for program/grant. This should be a paragraph or two in length. Information may be pulled from your needs assessment.).

I am (extremely) grateful for the opportunity that (Funder) is providing with this grant, and I again strongly recommend the awarding of this grant to (Grant Applicant). If I may be of any other assistance, please contact me at (contact information).

Sincerely,

****NOTE:** Provided PSGC Templates are to act as a reference and guide to you as you develop your application. Please refrain from simply copying verbatim, the structure or detail information in the provided templates. The PSGC will evaluate each application for its uniqueness and ability to provide a clearly structured statement of intended plans of action, as well as opportunities to observe service in action.

PSGC Letter of Community Support TEMPLATE 2

Grant Applicant Street Address City, State, Zip Code

Collaborator Collaborator's Contact Person Address 1 Address 2 City, State, Zip Code

Dear (Funder's Contact Person):

This is a letter of support for *Ambulance Company's* grant application to start a Community Paramedic Program in *Sample County, Sample State*. Low physician supply, poverty, unemployment and lack of health insurance are drivers of poor access to health care in *Sample County*. Given such prevalent gaps in the health care system, the Department of Health believes collaboration with *Ambulance Company's* Community Paramedic Program will substantially help to meet such a widespread need for patient care.

In fact, *Sample County's* population characteristics are typical of a medically underserved area. Over *[insert statistic here]* % of the service area residents are below *[insert statistic here]* % of poverty. Unemployment rates continue to rise, reaching *[insert statistic here]* % last year adding to the number of uninsured. Nearly *[insert statistic here]* % of the county residents are uninsured. *Sample County* has one of the oldest populations in the state with *[insert statistic here]* % over the age of 65. Those living in the service area suffer disproportionately from chronic disease, particularly, heart disease, cancer, respiratory disease and diabetes.

The Department of Health has enjoyed a longstanding working relationship with *Ambulance Company*. As a longtime health care partner, the Department of Health is interested in facilitating patient information access, technical resources and personnel support in order to integrate the Community Paramedic Program into the public health care system. More specifically, the Department of Health is interested in referring eligible program participants to *Ambulance Company's* Community Paramedic Program and reporting the impact of Community Paramedic visits on public health patients.

We believe that the *Ambulance Company* Community Paramedic Program can help mitigate some of the gaps prevalent with public health and support the aims of the granting agency. Furthermore, we believe that in so doing, the program will help satisfy the main roles of our public health system. The leadership of the Department of Health looks forward to providing a more detailed outline of our planned partnership with *Ambulance Company* to the granting agency. We believe that this collaboration will inspire further integration amongst health care agencies and work to secure the much needed patient continuity of care.

Sincerely, Sample Representative for ex: Department of Health Administrator

Contact XXXX – On Assignment XXXX or email XXX@gmail.com to learn more about interest in said program.

****NOTE:** Provided PSGC Templates are to act as a reference and guide to you as you develop your application. Please refrain from simply copying verbatim, the structure or detail information in the provided templates. The PSGC will evaluate each application for its uniqueness and ability to provide a clearly structured statement of intended plans of action, as well as opportunities to observe service in action.