**The verbiage below may be used as a template in writing a letter of commitment. Please submit letters of commitment on letterhead.**

County Medical Services Program Local Indigent Care Needs Grant

Letter of ***Commitment***

RE: ***Grant Applicant***

Date: ***XX/XX/XXXX***

To Whom It May Concern:

This ***letter of support/letter of commitment***, confirms ***organization* *supports/is committed to partnering* *with the applicant*** in their pursuit of a Local Indigent Care Needs *Implementation/Planning* Grant.

As a supporter of this application, ***the organization*** confirms:

* ***Detail the organization’s understanding of the proposed project***
* ***Describe prior working relationships or partnerships with the applicant***
* ***Explain what makes the applicant qualified to implement the proposed project***

As a key partner listed on the proposal, ***the organization*** agrees to participate in the following ways:

* ***Detail the organization’s understanding of the proposed project***
* ***Describe prior working relationships and partnerships with the applicant***
* ***Confirm if an MOU is in place, in discussion, or will not be pursued***
* ***Present the organization’s planned roles and responsibilities on the project***
* ***Detail the organization’s capability and willingness to implement their portion of the project***

We do hereby commit to ***support/partner with applicant***as described above.

For questions, please contact ***Name, Title, phone, and email***.

Sincerely,