

Please submit Letters of Commitment and Participation on the supporting organization's letterhead. The verbiage below may be used as a template.

*County Medical Services Program - Building the Healthcare Workforce Grant  
Letter of Commitment and Participation*

RE: **Grant Applicant** grant application

Date: **XX/XX/XXXX**

Dear County Medical Services Program Governing Board:

This Letter of Commitment and Participation confirms **partner organization** is committed to partnering with **grant applicant** in their pursuit of a Building the Healthcare Workforce **Initiative/Coalition Planning** Grant.

As a supporter of this application, **partner 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 in the proposal, **organization** agrees to participate in the following ways:

- 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
- Confirm if an MOU is in place, in discussion, or will not be pursued

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

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

Sincerely,