



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

**Please note: DPH requires 3-5 business days to review and return letters of request. If you need more time, please specify below and include final date for receiving letter.**

**Please complete Sections I – VI. A copy of your 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 \_\_\_\_\_

## Other

Target Population to be served: \_\_\_\_\_

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

11. *What is the primary purpose of the following statement?*

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?

1. **What is the primary purpose of the study?** (10 points)

**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

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**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)

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**VI. APPLICATION CERTIFICATION**

Request form **must** sign the application via 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)

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**VII. REQUEST FORM SUBMISSION** – There are two ways to submit your application. 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 save to your desktop/device
- Access your email and create a new message to: [dph.los@ct.gov](mailto:dph.los@ct.gov)
- Attach the **saved** Letter of Support Request Form **AND** your Sample 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 Application**

- Your email application will generate a new email message and automatically address the email to [dph.los@ct.gov](mailto:dph.los@ct.gov).
- Now **Attach Your Sample 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.