

RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING

1511 Pontiac Avenue, Building 72, Cranston, RI 02920-0943

Phone: (401) 415-6772 | www.dlt.ri.gov

LETTER OF SUPPORT REQUEST FORM

Instructions: Please complete pages 1 and 2 of this form and submit it to keith.murray@dlt.ri.gov along with an editable draft editable template of the letter of support at least 7 business days before the required deadline. Incomplete applications may delay processing.

SECTION 1: REQUESTOR INFORMATION

Organization Name: _____

Primary Contact Name: _____

Title: _____ **Email:** _____ **Phone Number:** _____

SECTION 2: PROJECT/INITIATIVE DETAILS

Project/Initiative Name: _____ **Grant Application Deadline:** _____

Funding Source (if applicable): _____

Brief Description (500 words max):

Goals and Objectives:

How does this project align with the mission and priorities of RI DLT?

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SECTION 3: LETTER OF SUPPORT DETAILS

Purpose of the Letter: _____
e.g., Grant Application, Partnership, or Endorsement

Letter of Support Submission Deadline: _____

Preferred Letter Delivery Email Address (if different from the requestor email above): _____

SECTION 4: DEPARTMENT INVOLVEMENT ASSESSMENT

Are you currently working with the department in any capacity? Yes No

- If Yes to the above, please briefly describe in what capacity and for how long (e.g., Real Jobs Partnership, Eligible Training List Provider, etc.):

Is this request solely for a letter of support without additional commitments? Yes No

If No to the above:

- Will the department be requested to provide funding for this project? Yes No
 - If Yes, please specify the expected funding request amount: _____
- Will the department be requested to contribute staff time or other resources (e.g. data submission, convening, etc.)? Yes No
 - If Yes, please specify the type and extent of the anticipated request:

SECTION 5: CERTIFICATION & SIGNATURE

I, the undersigned, certify that the information provided is accurate and complete. I understand that submission of this form does not guarantee issuance of a letter of support.

Printed Name Signature Date

FOR INTERNAL USE ONLY

Date Received: _____ Name of DLT Staff Member Responsible for letter: _____

Reviewed by: DLT legal DLT Unit Assistant Director Other (please specify): _____
MarComm

Approval Status: Approved Denied Date Letter Issued: _____