

Letter of Collaboration

To foster effective collaboration within communities, all applicants are required to outline how they meaningfully consult and collaborate with other service providers, including non-profit, non-governmental, and governmental organizations. This collaboration should occur both during the development of the application and throughout the project period. Please note that MDT/CCR meetings do not qualify as planning meetings for this purpose.

Partnering Agency 1: _____

Partnering Agency 2: _____

Partnering Agency 3: _____

Please describe the local service landscape and identify any unmet needs in your area? How will your partnering agencies work together to coordinate efforts and strengthen victim services within your community during this project period?

How often will your collaboration meetings take place, and who from each organization will be involved in these meetings? Please provide details about the roles of the participants.

We certify that our agencies/organizations have consulted during the course of developing the grant application in order to ensure that proposed activities are designed to promote the safety, confidentiality and economic independence of victims.

Partnering Agency 1

Agency Name: _____

Name of Contact: _____ Title: _____

Phone: _____

Email: _____

Signature: _____ Date: _____

Partnering Agency 2

Agency Name: _____

Name of Contact: _____ Title: _____

Phone: _____

Email: _____

Signature: _____ Date: _____

Partnering Agency 3

Agency Name: _____

Name of Contact: _____ Title: _____

Phone: _____

Email: _____

Signature: _____ Date: _____

Applying Agency

Agency Name: _____

Name of Contact: _____ Title: _____

Phone: _____

Email: _____

Signature: _____ Date: _____