

**Letter of Support/Commitment/Review**

 **Request Form**

Workforce Solutions for the Heart of Texas is pleased to offer your organization a Letter of Support, Commitment and/or Review for your proposal. In order to do so, please complete the following form to help us assist you with your request.

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| **Lead Applicant Name:** |       |
| **Contact Name and Title:** |       |
| **Contact’s Email Address:** |       |
| **Contact’s Phone Number:** |       |
| **Issuer of Grant:** |       |
| **Name of Grant Program:** |        |
| **Anticipated Grant Amount:** |       |
| **Anticipated Award Date:** |       |
| **Anticipated Grant Period:**  |       |
| **Employer’s Involved:** |       |
| **Description of Proposal:** |       |
| **How would you like Workforce Solutions to be involved?** |       |

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Signature Date