

LETTER OF SUPPORT REQUEST (2017)

PHILADELPHIA REENTRY COALITION

Please submit this request form to the Reentry Coalition **at least 3 weeks before** the Letter of Support is due. The request will be reviewed by an LOS Request Review committee made up of members of the Funding Subcommittee, and the Coalition's Steering Committee, and we will let you know **within 7 business days** if we will provide the Letter of Support, at which point we will provide you a letter, inserting the details you provide on this form into our template letter. We ask that if the Coalition does provide a Letter of Support for your application, that you confirm whether the funding is received.

The criteria for which the LOS request will be reviewed include:

- The applicant must be a Philadelphia Reentry Coalition member that attends Coalition meetings or participates in the work of the Coalition in a meaningful way.
- Proposal aligns with the mission of the Philadelphia Reentry Coalition, and the Home for Good collective action plan.
- Proposal explicitly includes partnerships with other agencies and organizations, if there are opportunities to do so.
- Applicant identifies how proposed work benefits the Coalition (leveraging resources for other stakeholders' benefit, sharing information or lessons learned, etc), and/or benefits from the Coalition, if applicable.

Notes:

- *A letter of support from the Philadelphia Reentry Coalition does not represent support or commitment from the City of Philadelphia.*
- *The Philadelphia Reentry Coalition may provide letters of support to multiple applicants pursuing the same funding opportunity.*
- *If you have any questions, please contact Aviva.tevah@phila.gov.*

Applicant Information

1. Organization Name:	2. Date of Request:
3. Mailing Address:	

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4. Contact Name:	
5. Contact Title:	6. Telephone:
7. E-mail Address:	
8. Agency Founded (MM,YYYY):	9. Total Current Operating Budget:
10. Coalition/Philly PRISM Involvement Since: (YYYY):	
11. Coalition Subcommittees with agency representation:	
12. Circle that apply to your organization/agency: <ul style="list-style-type: none">• Local government• State government• Federal government• Judicial• Service Provider• Advocacy Organization• Faith-based• Academic institution• For-profit• Non-profit• Other_____	

Partnering Applicant Information – Please complete if you are collaborating with other organizations.

13. Partner #1 Name:
14. Type of Organization (Example: non-profit, federal, state, etc.):

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15. Is this organization a member of the Philadelphia Reentry Coalition?

16. Partner #1 Contact Name, Title

17. Partner #2 Name:

18. Type of Organization (Example: non-profit, federal, state, etc.):

19. Is this organization a member of the Philadelphia Reentry Coalition?

20. Partner #2 Contact Name, Title

Please provide the same information for any additional partner organizations.

Grant Information

21. Funding Agency/Organization Name:

22. Grant Name:

23. Grant Application Due Date:

24. Period of performance:

25. Grant Amount
Requested:

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26. Project Description (You can attach a copy of a grant abstract and/or executive summary instead):

27. Would you like the Funding Subcommittee to let others who are applying for this same grant know that you are (in case it helps identify possible partnerships)?

28. Please explain how this proposal is aligned with the Reentry Coalition's "Home for Good: A 5-Year Countywide Plan to Reduce Recidivism in Philadelphia"

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29. Please explain how your proposal explicitly includes partnerships with other agencies and organizations, if there are opportunities to do so.

30. Please explain how the proposed work benefits the Coalition (such as through leveraging resources for other stakeholders' benefit, sharing information or lessons learned, etc):

31. Please explain how the proposed work benefits from the Coalition, if applicable: