Template Letter of Support

[Insert Organization Logo Here]

[Organization Name]

[Address]

[City, State, Zip Code]

[Date]

USAging

1100 New Jersey Avenue, SE, Suite 350

Washington, DC 20003

To Commit to Connect Communities of Practice Application Committee,

Please accept this letter as a confirmation of my support for [insert name of individual] to participate in the Commit to Connect Community of Practice. I understand that this program has multiple requirements:

* Attend monthly meetings on the 3rd Tuesday of the month in August, September, October and November
* Complete homework tasks between meetings; no more than 2 hours per month
* Register as an individual member of the Network of Champions
* Share their experiences to extend the work of the Community of Practice

I will ensure [insert name of individual] has time to complete the requirements of the Community of Practice and [insert name of organization] supports the participation of our organization in Commit to Connect.

[Signature]

[Insert name of supervisor]

[Title]