Monroe County Office of Mental Health
Letter of Support Request

MCOMH will review all letters of support and respond within 30 days.

1. SOURCE OF LETTER OF SUPPORT REQUEST

Name of Person Submitting Request: _____

Agency/Institution: _____

Name of Program: _____

Address: _____

Person to Address the Letter of Support: _____

Phone: _____

Email: _____

Today's Date: _____

2. BRIEF DESCRIPTION OF REQUEST:

In the space below, please provide a brief description of this request that includes the following:

- Purpose of the request
- Community benefit of proposal
- How will this letter of support impact the Black and Brown people, Refugees, people in poverty, and/or traditionally underserved groups (including, but not limited to, LGBTQ+ people, Deaf and Hard-of-Hearing community, youth, older/aging people, etc.)
- Effect of proposed program/closing/change on staffing at the organization/agency
- Effect of proposed program/closing/change on physical plant (as applicable)
- Effect of proposed program/closing/change on community waiting lists or services (either internal or external to the agency/organization asking for the letter)

Description:

Please also forward a detailed project proposal.

3. DATE NEEDED: _____

4. IS FUNDING AVAILABLE TO SUPPORT THIS PROPPOSAL?

☐ No

☐ Yes

If yes, please complete the following:

Amount of funding: _____

Source of funding: _____

Duration of funding: _____

Please send completed request to:

Email: MentalHealth@monroecounty.gov

THIS SECTION FOR ADMINISTRATIVE USE ONLY:

MCOMH-DHS APPROVAL:

☐ No
☐ Yes

Comments:

_____

Melissa Armstrong, LCSW
MCOMH Director
Monroe County Office of Mental Health - Department of Human Services