

County Letter of Support
EZ PAR Project

Letter of Support

Staff of the (county name) County Department of Mental Health met with (name of person(s) representing agency) of (name of agency) on (date(s)) to discuss the agency's proposal to:

(brief project description)_____

- 1) Based on the information presented during the meeting, (county name) County Department of Mental Health supports the proposed project.
- 2) Based on the information presented during the meeting, (county name) County Department of Mental Health supports the proposed project if the agency addresses the following as part of its PAR submission:

- 3) Based on the information presented during the meeting, (county name) County Department of Mental Health cannot support the project as proposed at this time. The reasons why the county is not supporting this project were discussed with the agency's representative(s).

(signature of county representative)
(printed name of county representative)

(date)