

[Your Name]  
[Your Title/Position]  
[Your Organization]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title]  
[Department of Health and Human Services]  
[Recipient Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to support the application of [Applicant's Name/Organization] for [specific program/funding]. As a [Your Position] at [Your Organization], I have witnessed firsthand the positive impact of their work on [specific community or target population].

[Include a brief description of the applicant's project/program and its objectives. Highlight any relevant achievements or outcomes that demonstrate the effectiveness of the applicant's work.]

Given the critical need for [specific services or support] in our community, I believe that [Applicant's Name/Organization] is exceptionally well-positioned to utilize the resources provided by this grant/funding opportunity effectively.

I wholeheartedly endorse their application and urge you to give it full consideration. Thank you for your attention to this important matter.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Title/Position]  
[Your Organization]