

# LETTER OF SUPPORT REQUEST FORM

*Only active members of the Cancer Alliance of Texas may request letters of support for funding proposals. Please allow 7-10 business days for your request to be processed.*

**Instructions:** Submit the completed form and a draft letter of support in Microsoft Word to Amanda Ivarra ([Amanda.Ivarra@dshs.texas.gov](mailto:Amanda.Ivarra@dshs.texas.gov)).

Name of Requestor:
Phone:
Email:
Project Name:
Funding Opportunity Title:
Funding Organization:
Letter of Support Due Date:

1. Does this project/program support one or more goal(s) and objective(s) of the Texas Cancer *Plan (Plan)*? If so, which one(s)? A copy of the *Plan* can be found at [www.cprit.state.tx.us/about-cprit/texas-cancer-plan](http://www.cprit.state.tx.us/about-cprit/texas-cancer-plan).

2. Please provide a brief explanation of the project/program and/or attach a copy of the request for application/proposal. This should include target audience, strategy, measurement, and evaluation.

3. Is there a priority population you plan to work with on this project/program? If so, what is it?

4. Is there a clearly defined opportunity for collaboration with the Cancer Alliance of Texas? If so, what is it?

5. Are there expectations for human or financial support, time, or expertise from the Cancer Alliance of Texas? If so, please provide a brief explanation.

6. Is there any additional information you would like to include?