[DATE]

Danielle Luther, MPH

Manager – Substance Abuse Prevention

Marshfield Clinic Center for Community Outreach

1000 N. Oak Ave. (F1C)

Marshfield, WI 54449

Dear Ms. Luther:

I am writing to indicate [COALITION NAME] is committed to support and collaborate with [LEAD APPLICANT NAME] on the Strategic Prevention Framework Partnerships for Success 2015 (PFS15) cooperative agreement. To best address prescription drug misuse and abuse countywide, we understand that a coordinated effort among local substance abuse prevention coalitions is needed in order to have the collective impact needed to make lasting community change.

[COALITION NAME] has identified and agreed to work on specific strategies as part of this project. Those identified strategies are [LIST STRATEGIES YOUR COALITION WILL UNDERTAKE]. Our proposed work on all these strategies is detailed in [LEAD APPLICANT’S NAME] work plan required with the funding announcement. We understand all required components for implementing these strategies and agree to complete them. In addition, we agree to support all other strategies related to this project in [COUNTY NAME] being provided by our Alliance for Wisconsin Youth Regional Prevention Center.

[COALITION NAME] has come to agreement with [LEAD APPLICANT NAME] and will receive $XX,XXX to support our coalition work on the PFS 2015 project. We understand that this funding can only be used to support our coalition’s efforts detailed in the work plan and may not be used to supplant other funding we currently receive.

We look forward to working on the PFS 2015 project in [COUNTY NAME] in an effort to decrease prescription drug misuse and abuse.

Sincerely,