



CRIME PREVENTION  
& VICTIM SERVICES  
TRUST FUND

# Letter of support FORM

Name of funding applicant organization		Name of project	
<b>Support contact details</b>			
Name	Phone #	Support organization name	
Address		Email	

### Support details:

Please describe why you are supporting this project.

Please note, support differs from partnering - support confirms that your organization believes the proposal has merit and the applicant is able to deliver the project.

**Why are you supportive of the funding applicant and their CPVST proposal?**

\_\_\_\_\_  
**Signature**

(Authorized representative of the  
supporting organization)

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**