



Congresswoman  
**Rosa L. DeLauro**  
*GRANTS INFORMATION*

**Mail or Fax To:**  
Congresswoman DeLauro's Office  
Attention: Allison Dodge  
59 Elm Street, Suite 205  
New Haven, CT 06510-2036  
Tel: (203) 562-3718  
Fax: (203) 772-2260

**Please provide me with the following information, so that I may write a letter of support on your behalf. Please also submit a copy of a draft letter of support along with this form.**

• **Agency Applying for Grant:** \_\_\_\_\_

• **Agency Contact Person:** \_\_\_\_\_

• **Agency Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

• **Agency Phone Number:** \_\_\_\_\_

• **Agency Email:** \_\_\_\_\_

• **Grantor Agency:** \_\_\_\_\_

• **Grantor Agency Address:** \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

• **Name/Title/Organization of the person the letter of support should be sent to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **Date of Application:** \_\_\_\_\_

• **Any additional information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* TO RECEIVE A LETTER OF SUPPORT, A SAMPLE LETTER MUST BE ATTACHED**