

Letter of Support Request Form



Grant-Seeking Organization

Organization Name: _____

Point of Contact: _____

Title: _____

Phone: _____

Email: _____

Mailing Address: _____

Funding Organization

Organization Name: _____

Point of Contact: _____

Title: _____

Mailing Address: _____

Grant Information

Name of Grant Program: _____

Funding Opportunity Number: _____

Application Number: _____

Submission Deadline: _____

Please return this form to Representative Katko's Syracuse District Office along with a sample letter of support and/or the narrative section of your grant application.

**U.S. Representative John Katko
440 S. Warren Street
Suite 711
Syracuse, New York 13202**