



Representative Brad Wenstrup, DPM

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Letters of Support

Representative Wenstrup desires to support **federal grant** projects that sustain and advance the health, safety, and economic growth of Ohio's Second District. In an effort to evaluate the legitimacy of your project and to develop a meaningful Letter of Support, the following conditions are required:

- **A MINIMUM OF TWO WEEKS ADVANCE NOTICE**
A minimum of two weeks allows for your request to be properly vetted via the completion of questions; clarity of intent; credibility; and level of commitment. Also, there is the consideration of other requests that may be in the queue.
- **COMPLETION OF QUESTIONNAIRE**
Basic information is needed to learn who is requesting a letter and the use of proposed funding involved in the project.
- **SUMMARY OF PROJECT OR PROGRAM**
In 200 words or less, provide a summary of your project which includes the following information:
 1. Your name for the project or program;
 2. What will be accomplished;
 3. What area of the district will be served;
 4. Who will be served, and how many;
 5. What makes this project unique or important;
 6. Who are your partners; and,
 7. How exactly will the grant money be used?

In addition to this summary, additional information may be provided or requested.

- **COPIES OF OTHER LETTERS OF SUPPORT**
The Representative would like to know of other entities or individuals who are supportive of your project in order to gauge public support.

Since the requested information is necessary for us to evaluate your project and draft the Representative's letter, the timeliness, and thoroughness of your response will impact our office's ability to provide a letter. Please take the time to prepare your submission properly. Thank you.

Letters of Consideration Questionnaire

Grantee Information

Organization _____
Physical Address _____

Mailing Address _____
(if different) _____
Point of Contact _____
Title _____
Email address _____
Phone _____

Federal Grantor Information

Agency _____
Mailing Address _____

Addressee _____
Title _____

Grant Information

Federal Grant Name _____
CFDA # (if applicable) _____ Submission Date _____
Type of Grant (check all that apply)
 Categorical Competitive Formula Matching

Total Amount Being Requested _____
Time Period Covered by Grant _____
Total Amount of Matching Funds _____
Matching Sources _____
(Please provide _____
group's name _____
and amount of _____
their match) _____

Note

The original letter of consideration will be mailed directly to the Federal Agency, via traditional mail, unless otherwise notified. A PDF copy of the letter will also be emailed to the Organization's point of contact or requestor.