Oklahoma Department of Corrections
Request for Letter or Memorandum

Project/Program Title _____

Name or Requesting Agency _____

Address of Requesting Agency _____

Contact Person at Requesting Agency _____

Contact Person's Phone _____

Contact Person's email address: _____

Grant Number or CDFA Number: _____

FOR LETTER OF SUPPORT:

Description of the requesting organization and the benefit to the community:

_____

☐ Electronic copy of the executive summary or abstract was provided.

Submit this form by email to the grants manager within 20 business days of the application due date.

EMAIL: docgrants@doc.ok.gov