[Organization Letterhead]

[Date]

Office of Emergency Medical Services
335 Randolph Ave, Suite 170
St. Paul, MN 55102

Re: Letter of Support for [Applicant Organization] – Rural Health Transformation Program: Rural Ambulance Service Treatment-In-Place Pilot

Dear Grant Review Committee,

On behalf of [Ambulance Service], I am pleased to offer this letter of support for the Rural Health Transformation Program: Rural Ambulance Service Treatment-In-Place Pilot (TIP) application.

I strongly support the proposed project, TIP, because it addresses the critical need for [briefly describe the need]. I believe this initiative will have a meaningful impact by [describe expected outcomes or benefits].

As a partner in this effort, [Ambulance Service] will:

- [Describe specific contribution, such as referrals, outreach, facilities, staff support, data sharing, or technical expertise.]
- [Describe any financial or in-kind support, if applicable.]
- [Describe ongoing collaboration or coordination.]

I am confident that [Ambulance Service] has the experience, leadership, and capacity to successfully implement this project and achieve its stated objectives. Their track record of [brief example of success or expertise] demonstrates their ability to effectively manage grant-funded initiatives and deliver measurable results.

We are committed to supporting this partnership throughout the grant period and believe this project will strengthen our community by [describe broader community impact].

Thank you for considering this proposal. If you have any questions regarding our support or partnership, please feel free to contact me at [phone number] or [email address].

Sincerely,

[Signature]

(MUST BE A WET SIGNATURE OR CERTIFIED ELECTRONIC SIGNATURE)