**Senator Al Franken**

# Letter of Support Request – **Required Information**

Requesters must provide the following information electronically:

* Draft of the submitted proposal
* Executive Summary of submitted proposal
* Draft letter of support

***Two weeks minimum are required to fulfill requests.***

|  |  |
| --- | --- |
| **Date of request:**  | **Date letter due:** |
| **Name of Individual:** | **Name of Organization:** |
| **Contact Telephone:**  | **Contact Email:** |
| **Name of Federal Agency:****Name of grant/program:** | **Name, title and address the letter should be addressed:** |

**Please email back to sender or fax to 651-221-1078**

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