[ Date]

[ Name of Petitioner]

[Title of Petitioner]

[Organization of Petitioner]

[ Address]

Dear [Mr./Ms./Dr. Petitioner Last Name],

I am writing to express the Ohio Department of Health’s (ODH) support for your [application or request] to [name of grantor/funder/initiative sponsor] for its [name of grant/funding opportunity or initiative title].

[Insert a description of your proposed project/initiative and anticipated outcomes if you were awarded funding or other support for your initiative]. [Insert language linking your project/initiative to ODH priorities (see [State Health Improvement Plan](https://odh.ohio.gov/static/SHIP/2020-2022/2020-2022-SHIP.pdf), ODH mission ([See ODH Mission References](https://ohid.ohio.gov/wps/myportal/gov/myohio/my-agency/odh/about-us)), or specific ODH initiatives with which you are familiar].

[Summarize any relevant current or previous collaboration with ODH].

[Include additional relevant information as desired].

Because [name of proposed project/initiative] would help advance the health and well-being of all Ohioans, ODH strongly supports your request to [name of grantor/funder/initiative sponsor].

Sincerely,

[Name of ODH Rep TBD]

[Title]

Ohio Department of Health