[School district letterhead]

Washington State Department of Health

PO Box 47880

Olympia, WA 98504

To Whom It May Concern,

[School or School District] is very pleased to support [organization]’s proposal for

funding for a peer support services project at [school site] from the Washington State Department of Health.

School board approval for this project was received on XX/XX/XXXX. [School District]

shares [organization]’s mission to increase health equity and reduce health-related barriers to academic success. [School District] is willing to fulfill the expectations outlined by the Washington State Department of Health to support the implementation and success of the peer support services project.

[School District] agrees to:

* Provide free of charge a space for behavioral health services and group programming as well as basic janitorial services for that space.
* Execute necessary data sharing agreements to allow the organization to receive identified academic data for all students served on a regular or as-needed basis.
* Contribute appropriate staff resources to project implementation including but not limited to: monthly implementation meetings, classroom and school event time allocated for outreach/marketing; allocated time at all-staff meetings for troubleshooting implementation issues; and support for school-wide efforts to establish a healthier school environment.
* Include project staff on committees that will benefit from behavioral health expertise.
* Enter into a Memorandum of Understanding (MOU) or similar agreement with the organization which outlines the responsibilities of each party.

Thank you for your consideration of this application. We are grateful for this opportunity

to ensure that our students are healthy and achieving at their fullest potential.

Sincerely,

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Superintendent | School Principal | School Social Worker or Counselor |
| [Name] | [Name] | [Name] |
| [Date] | [Date] | [Date] |