

# Letter of Support for Applicant of the Rural Homelessness Estimation Project

Please note this is a fillable form, if you have an electronic signature please feel free to use it.

**Partner/support organization name** **Name of organization applying for the Rural Homelessness Estimation Project**  
(The Applicant)

**Are you familiar with the mandate of the Rural Homelessness Estimation Project?**

Yes No

**Will data collected by the Applicant be useful to your organization and/or community?**

Yes Not Applicable

**Please indicate which, if any, In-kind supports you're able to provide:**

Not Applicable Meeting/office space Supplies/Materials Staff Hours  
Volunteers Other

**Briefly describe what role your organization will have in the project (if applicable) and why your organization is supporting the project**

**Partner/support representative name**

**Partner/support representative's role in organization**

**Representative's phone number**

**Signature Date**

**Signature of Partner/support representative**