

**Oklahoma Department of Corrections  
Request for Letter or Memorandum**

Project/Program Title

\_\_\_\_\_

Name or Requesting Agency

\_\_\_\_\_

Address of Requesting Agency

\_\_\_\_\_

Contact Person at Requesting Agency

\_\_\_\_\_

Contact Person's Phone

\_\_\_\_\_

Contact Person's email address:

\_\_\_\_\_

Grant Number or CDFA Number:

\_\_\_\_\_

**FOR LETTER OF SUPPORT:**

Description of the requesting organization and the benefit to the community:

\_\_\_\_\_

Electronic copy of the executive summary or abstract was provided.

**Submit this form by email or fax to the grants manager within 20 working days of the application due date.**

**EMAIL: [docgrants@doc.ok.gov](mailto:docgrants@doc.ok.gov)**