



**The Santa Cruz County Child Care Planning Council**  
**El Consejo de Planeación de Cuidado Infantil del Condado de Santa Cruz**  
**[www.childcareplanning.org](http://www.childcareplanning.org)**

## **Request for Letter of Support (NON-Grant)**

### **A. PRIORITIES FOR LETTERS OF SUPPORT**

1. Project/program meets goal(s) in Master Plan
2. Project/program meets the child care/recreation needs of an underserved geographic area, age of children, or program type
3. The agency demonstrates the capacity to maintain the project/program

### **B. PROCESS FOR REQUESTING A LETTER OF SUPPORT**

1. A completed *Request for Letter of Support (NON-Grant)* form must be submitted to the Santa Cruz Child Care Planning Council no less than three weeks prior to a scheduled Planning Council meeting.
2. A representative from the applicant agency must be present to communicate the request at a scheduled Santa Cruz County Child Care Planning Council meeting.
3. The Santa Cruz County Child Care Planning Council may take action at the meeting in which the request is presented or, if further information is requested by Council Members, table a discussion until the next scheduled meeting.
4. In order to respond in a timely manner, the Santa Cruz County Child Care Planning Council may direct the Executive Committee to review and respond to a request for a letter of support.
5. If timelines determined by the request do not allow an applicant agency ample time to follow this process, the applicant agency may request a special meeting with the Executive Committee.
6. Any Santa Cruz County Child Care Planning Council member whose agency, or who as an individual has an interest in the issue framed in the request, must abstain from participating in the process.

Submit Requests for Letter of Support to:

Child Care Planning Council  
County Office of Education  
809-H Bay Ave.  
Capitola, CA 95010  
Phone: (831) 477-5521  
OR FAX: (831) 479-5236



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## **Request for a Letter of Support (NON-Grant)**

**Applicant Agency:**

**Address:**

**Contact Person:**

**Email Address or Daytime Phone Number:**

**Location of Project:**

**Agency/organization/foundation to whom the letter of support is directed:**

1. Describe the reason a letter of support has been requested.
  
2. How does the project/program relate to the goals in the Santa Cruz County Master Plan for Child Care and Recreation Programs?
  
3. How does the project/program meet the child care/recreation needs of underserved geographic areas, ages of children, and/or program types?
  
4. Please list contact information for any other agency or individual who has an interest in the project/program and might add to the information regarding the request.
  
5. Signatures:

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Authorized Representative