



## Community Partner Letter of Support

### Applicant

Full Name:
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### Community Partner Information

Full Name:	Name of Organization:	
Position/Title:	Phone Number:	Email Address:

Please describe the potential sustainability and impact of the proposed project on the community and/or your organization.

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Please share any contributions that you are committing to the proposed project, if any? (Financial, personnel, or otherwise). *Your response to this will not hinder the applicant.*

Please tell us about any leadership potential and/or commitment demonstrated by the student.

Please share any additional information about the applicant you would like us to know.

## By Checking the Box Below:

- I understand that if my Fellow is selected, I am asked to be in frequent communication (1x a month minimum) with my Fellow to support their project as best I am able. This may require extra time on my part to meet with the Fellow and support the community project at my organization, including attending major Rich/Collins project events involving my organization.
- I understand that I may be contacted by the Department of Community Service staff as needed to allow them to check in about the project and the Fellow's personal and professional growth. I will respond to any DCS communication (email, phone call, etc.) as promptly as I am able.
- I understand that if any major Fellows-related conflicts, incidents, or emergencies arise, I will contact the Department of Community Service directly as soon as possible (781-736-3237). This includes if I have any reservations or questions about the project at any time.
- I understand that I will be expected to attend a presentation for the R/C CLIF Fellows in late spring or send a representative from my organization to attend.
- I understand that the funds allotted to the Fellows' projects are earmarked for those specific projects for a specific time period and may not be used for other community projects at my site without first receiving approval from the Department of Community Service.

Electronic Signature:

Date (DD/MM/YYYY):