## **Attachment D: Proposition 47 Local Advisory Committee Letter of Agreement**

**Required Attachment: Signed Letter(s) of Agreement must be uploaded to the BSCC Submittable Application Portal in order to be considered for funding.**

**Instructions:** Copy and paste the template below onto the letterhead of the Applicant (Lead Agency). This letter is to be signed by the Applicant (by an individual with authority to enter into agreements) and all members of Proposition 47 Local Advisory Committee. Photocopies of signatures and/or e-signatures are acceptable. Include additional signature lines as necessary. Multiple letters may be submitted, but one is preferred.

(Date)

This is a letter of agreement between **[NAME OF APPLICANT]** and all organizations listed herein for the purposes of applying for the Proposition 47 Grant administered by the Board of State and Community Corrections. All organizations listed herein agree to participate on the local **Proposition 47 Local Advisory Committee** led by **[NAME OF APPLICANT]** using a collaborative approach. This advisory body will, at a minimum, advise the Applicant on:

* How to identify and prioritize the most pressing needs to be addressed (to include target population, target area, etc.);
* How to identify the strategies, programs and/or services to be undertaken to address those needs;
* The development of the grant project; and
* Ongoing implementation of the grant project.

(Note: Applicants may provide additional information or narrative here, e.g., explain the detail of collaboration, list the services or support, provide dates and timelines, etc.)

Signed in mutual agreement,

**APPLICANT SIGNATURE**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

*Name, Title*

*Name of Applicant*

*Address*

**PROPOSITION 47 LOCAL ADVISORY COMMITTEE MEMBER SIGNATURES**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

*Name, Title Name, Title*

*Name of Partner Organization Name of Partner Organization*

*Address**Address*

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

*Name, Title Name, Title*

*Name of Partner Organization Name of Partner Organization*

*Address**Address*

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

*Name, Title Name, Title*

*Name of Partner Organization Name of Partner Organization*

*Address**Address*

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

*Name, Title Name, Title*

*Name of Partner Organization Name of Partner Organization*

*Address**Address*

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

*Name, Title Name, Title*

*Name of Partner Organization Name of Partner Organization*

*Address**Address*

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

*Name, Title Name, Title*

*Name of Partner Organization Name of Partner Organization*

*Address**Address*