**Treatment Partner Letter Template**
*To be completed on organization letterhead and signed by an authorized representative.*

*This letter should not exceed 2 pages.*

[Date]

To Whom It May Concern,

This letter confirms our partnership with [Applicant Organization Name] in support of their application for the Project Build Up 2.0 grant. Our organization, [Outpatient Treatment Provider Name], is a provider of problem gambling treatment services and is committed to working collaboratively with [Applicant Organization Name] to expand access to treatment for individuals affected by problem gambling.

As part of this partnership, we will serve as the primary therapeutic and/or clinical treatment provider. We will accept and manage referrals from [Applicant Organization Name] to deliver the following problem gambling treatment services:

* *State which outpatient treatment service(s) your organization will provide, including peer support, counseling, support groups, therapy, intensive day treatment, or other therapeutic and/or clinical services.*

Our organization has extensive knowledge and experience delivering problem gambling to the target population.

* *Provide a brief overview of your organization and experience delivering the stated treatment services.*

To ensure a coordinated approach, our organizations will:

* *List how your organizations will collaborate to meet the goals of this funding opportunity, including communication, processes, workflows, and tools for referrals.*

We are prepared to manage an increase in referrals resulting from this partnership. Our organization will:

* *Outline how your organization will manage the anticipated increase in referrals, including staff capacity and referral processes.*

We are excited about the potential of this partnership to improve community access to problem gambling services and contribute to the goals of Project Build Up 2.0. Please contact us at [Contact Name, Title, Email, Phone Number] with any questions.

Sincerely,
[Signature]
[Printed Name]
[Title]
[Organization Name]
[Email / Phone Number]