*Placeholder for letterhead, date, address block*

To Whom It May Concern:

I am writing to express my approval of [organization name]’s decision to apply for the [*choose one:* Certified Community Behavioral Health Clinic – Improvement and Advancement grants; *OR* Certified Community Behavioral Health Clinic – Planning, Development, and Implementation grants].

*Choose one based on your state certification environment:*

Our state currently has a CCBHC certification process in place, and [organization name] has been certified as a CCBHC. We plan to work with this organization to maintain their certification throughout the course of the grant period. This grant will allow the organization to expand and enhance their CCBHC operations in important ways.

Our state currently has a CCBHC certification process in place, and [organization name] has not been certified as a CCBHC. We do plan to work with the organization to become certified during the course of the grant period. This grant will help the organization ensure they are meeting all program requirements as they proceed through certification.

Our state currently has a CCBHC certification process in place, but we do not plan to certify [organization name] at this time. Certification is not available to additional organizations in our state right now, but if the opportunity for certification were to become available to the organization in the future, we would consider their certification application. This grant will allow the organization to work toward meeting CCBHC criteria and would facilitate that process should certification open to them one day.

Our state currently has a CCBHC certification process in place, but we do not plan to certify [organization name] at this time. The organization is not eligible for state certification under our eligibility criteria, but we support their effort to expand services and align with CCBHC activities through this grant.

Our state does not currently have a CCBHC certification process in place, so we are unable to certify [organization name] at this time. If we were to implement CCBHC certification in the future, we would work with the organization to help them assess their eligibility for certification and, if eligible, would consider their certification application. This grant will allow the organization to work toward meeting CCBHC criteria and would facilitate that process should certification open to them one day.

Thank you for the opportunity to provide this input. Please do not hesitate to contact me with additional questions or for more information.

Sincerely,

[name and contact information]