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| DCS-1560 (3-18) | ARIZONA DEPARTMENT OF CHILD SAFETY | R:\DCS_round_logo_K.jpg |
|  | **LETTER OF DCS SUPPORT REQUEST FORM** |

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| NAME OF REQUESTOR/PRIMARY CONTACT: | MAILING ADDRESS: |
| EMAIL: | PHONE NUMBER: |
| NAME OF REQUESTING ORGANIZATION: | NAME OF PROJECT, GRANT, OR INITIATIVE: |
| What is the purpose of the project, grant, or initiative for which a letter of support is requested? | |
| Does the project, grant, or initiative require a letter of support? | |
| Do you acknowledge that a letter of support does not compel the Department to provide any additional assistance or resources? | |
| How will the project, grant, or initiative support the mission of DCS? | |
| What metrics will be used to guage the success of the project, grant, or initiative? | |
| What is the amount of the grant *(if applicable)*? | |
| What is the timeline for project, grant, or initiative? | |
| What is the grant number? | |
| What other entities have been contacted for, or have provided, letters of support? | |

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| Has your organization ever had a contract with DCS? If yes, please provide current or past contract number. | |
| Use this space *(or attach separate document)* to propose language you wish to see included in a letter of support from DCS: | |
| **Submit to:** | **Office of Correspondence**  **Department of Child Safety**  **S/C C010-23**  **P.O. Box 6030**  **Phoenix, AZ 85005-6030** |
| **Letters of support apply solely to the project, grant, or initiative for which they have been requested, and do not constitute an endorsement by DCS of the agency or entity seeking the letter of support.** | |
| Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DCS está disponible a solicitud del cliente. | |