Agency Head Date

Agency Name

Agency Street Address

City

State

Zip Code

Subject: AFFIRMATION OF REQUEST

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have reviewed this request for full participation in the Gender Responsive Policies and Practices Assessment – Community Version (GRPPA-CV) implementation from the National Institute of Corrections, administered by the Center or Effective Public Policy (CEPP). On behalf of our agency, I assure that the information provided is accurate, and I affirm as stated the request for this training and technical assistance in the implementation of the GRPPA-CV.

Designated Point-of-Contact:

Name

Title

Address

Phone number

Email address

Signed by agency Chief Executive Officer