Agency Head Date

Agency Name

Agency Street Address

City

State

Zip Code

Subject: AFFIRMATION OF T4C HOST AGENCY APPLICATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have reviewed this request to serve as a host agency site for a T4C Facilitator Training with the National Institute of Corrections. On behalf of our agency, I assure that the requirements listed on the host agency checklist will be met, and I affirm our agency is committed to implementing Thinking for a Change with fidelity. I formally request that NIC give full consideration to our request to serve as a T4C Host Agency.

Designated Point-of-Contact:

Name

Title

Address

Phone number

Email address

Signed by the Chief Executive Officer