

LETTERS OF COOPERATION

| | |
|---|----------|
| License Number | Licensee |
| Site Address | |
| <p>List any agency(ies) that provide either: 1) services (e.g. counseling, vocational referral), or 2) financial support (e.g. foundations, county funding sources) to the program. Attach a letter of support from each agency listed.</p> | |
| Agency | |
| Address | |
| Service(s) provided | |
| Agency | |
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