



MIDDLETOWN COMMISSION ON THE ARTS

P.O. BOX 1300
MIDDLETOWN, CT 06457-1300
860.344.3520

**MATCHING FUNDS PROGRAM
LETTER OF SUPPORT**

**(THIS LETTER OF SUPPORT MUST BE
TYPED or LEGIBLY HANDWRITTEN.
ILLEGIBLE LETTER OF SUPPORT
WILL BE RETURNED FOR CORRECTION)**

(For individual applicants - must be included with application)

THIS LETTER OF SUPPORT FOR: _____
(Name of Applicant)

NAME: _____ TELEPHONE: _____

ADDRESS: _____

1. Briefly identify yourself and describe your relationship to the applicant:

2. Briefly assess the applicant's ability to accomplish the proposed project, effectively use the funds for the project, and to provide the funds to match the Commission's financial assistance:

3. Briefly assess the artistic quality and content of the applicant's project:

4. Additional comments:

SIGNATURE: _____

DATE: _____