

*****TO BE COMPLETED AND RETURNED BY SITE ON SITE STATIONARY
WITH DIRECTOR'S SIGNATURE AND TITLE*****

Date

Nicole Breton, Director
Rural Health and Primary Care Program
286 Water Street, 5th Floor, SHS #11
Augusta, Maine 04333-0011

Dear Ms. Breton:

The **(Insert Name of your Organization)** is pleased to provide support for the State Loan Repayment Program (SLRP). It is our intent to provide local match funds for SLRP in the amount of **(Insert Amount)** per year. This amount represents the maximum local match **(Insert Name of your Organization)** agrees to contribute for the annual program period.

I understand that the funds provided by **(Insert Organization Name)** will be used to match federal funds 1:1 for the purpose of educational loan repayment for health providers who have agree to practice at **(Insert Organization Name)**'s eligible SLRP sites.

(Insert Organization Name) acknowledges that the funding period of the SLRP is fiscal year 9/1/2019 to 8/31/2020. **(Insert Organization Name)** further acknowledges that the contribution of the 50% local match will commence 30 days prior to award(s) made to the SLRP participant(s) and will continue at regular agreed upon intervals throughout the period of the SLRP participant's obligation(s).

Sincerely,