[Insert Grantee’s Institutional Letterhead]

[MM/DD/YYYY]

CRDF Global  
1776 Wilson Blvd., Suite 300  
Arlington, VA 22209, USA  
Phone: 703-526-9720  
Fax: 703-526-9721

Dear CRDF Global,

[Name of Grantee’s Institution] is aware of and supports [Full Name of Grantee]’s engagement in the Grant entitled “[Title of Project]”.

We understand that expenses associated with this grant will be covered through an agreement with CRDF Global.

Please contact [Institutional Representative’s Full Name] at [insert email and/or phone number] if you have any further questions regarding support for this grant.

[Insert Grantee’s Institutional Representative Signature]

[Print Name]

[Title/Position at Institute]