

# Community Health Grant Application Acknowledgement

Date: [Insert Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are writing to acknowledge the receipt of your application for the Community Health Grant, submitted on [Insert Submission Date]. We appreciate your commitment to improving community health and the effort put into your proposal.

Your application is currently being reviewed by our grant evaluation committee. We aim to notify applicants of our decision by [Insert Decision Date].

If you have any questions regarding your application or the grant process, please do not hesitate to reach out.

Thank you for your dedication to enhancing public health in our community.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]