

Health Services Grant Application Result

Date: [Insert Date]

[Applicant's Name]

[Applicant's Address]

[City, State, Zip Code]

Dear [Applicant's Name],

Thank you for your application for the Health Services Grant. We appreciate the time and effort you dedicated to the application process.

After careful review, we regret to inform you that your application has not been selected for funding at this time. This year, we received an overwhelming number of applications, all of which were excellent in quality.

Although we could not fund your proposal, we encourage you to consider applying again in the future. We appreciate your commitment to health services in our community.

If you have any questions or would like feedback on your application, please do not hesitate to contact us at [Contact Information].

Thank you once again for your interest in our grant program and for your dedication to improving health services.

Sincerely,

[Your Name]

[Your Job Title]

[Organization Name]

[Contact Information]