

# Letter of Appeal for Therapeutic Intervention Proposal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization/Institution Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding the proposal for therapeutic intervention submitted on [insert submission date]. After careful consideration, I believe that the proposed intervention is essential for [insert purpose or beneficiary], and I would like to present additional information to support my case.

The therapeutic intervention outlined in the proposal is designed to [briefly summarize the content and objectives of the proposal]. Recent studies indicate that [insert relevant research or data], which highlights the effectiveness and necessity of such an intervention.

Moreover, I have gathered feedback from [mention any stakeholders, experts, or beneficiaries who support the proposal]. Their insights confirm the potential positive impact of this intervention on [mention specific outcomes or improvements].

In light of this information, I urge you to reconsider the previous decision. This therapeutic intervention has the potential to greatly benefit [mention who or what is affected], and I am confident that with your support, we can make a significant difference.

Thank you for your attention to this matter. I am looking forward to your favorable response and am happy to provide any additional information needed.

Sincerely,

[Your Name]

[Your Title/Position, if applicable]