

# Carrier Selection Criteria

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

## **Subject: Carrier Selection Criteria for Grant Application**

Dear [Recipient Name],

I am writing to present the carrier selection criteria for my grant application titled "[Project Title]." The aim of this project is to [briefly describe the purpose of the project]. Below, I outline the key criteria for carrier selection:

### **1. Experience and Track Record**

The carrier must have a proven history of [relevant experience related to the project].

### **2. Expertise in the Field**

Qualifications and expertise should include [specific qualifications or knowledge areas].

### **3. Capacity to Deliver**

The ability to meet deadlines and deliver according to timeline is essential, including [any specific benchmarks].

#### **4. Cost-Effectiveness**

Proposals should demonstrate a reasonable cost in relation to the expected outcomes, ensuring we maximize our grant funding.

#### **5. Compliance with Regulations**

The selected carrier must adhere to all relevant regulations and standards pertinent to the project.

Thank you for considering this framework for the carrier selection process. I look forward to your feedback and to the possibility of collaborating on this significant project.

Best regards,

[Your Name]

[Your Title/Position]