

Grant Application Verification

Date: [Insert Date]

[Your Organization's Name]

[Your Organization's Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

To Whom It May Concern,

This letter serves to verify that [Applicant's Name], residing at [Applicant's Address], is eligible to apply for the [Name of Grant] provided by [Granting Agency Name].

After reviewing the necessary criteria and confirming the required documentation, it is our finding that [Applicant's Name] meets the following eligibility requirements:

- [Eligibility Requirement 1]
- [Eligibility Requirement 2]
- [Eligibility Requirement 3]

We hope this verification assists in facilitating the grant application process for [Applicant's Name]. Should you require any further information, please do not hesitate to contact us at the above phone number or email address.

Sincerely,

[Your Name]

[Your Position]

[Your Organization's Name]