

**EXAMPLE LETTER OF AUTHORIZATION**  
**MUST BE COMPLETED ON APPLICANT'S LETTERHEAD**

Date

Sarah T., Board Chair  
ABC Victim Services  
Your Town, OR 90000

CVSSD Fund Coordinator  
Oregon Department of Justice  
Crime Victim and Survivor Services Division  
1162 Court Street NE  
Salem, OR 97301

Dear CVSSD Fund Coordinator:

This letter is to inform you that, on behalf of the Board of Directors for ABC Victim Services, K.T. Manager is hereby given authority to sign XYZ Application award documents and reporting forms on behalf of ABC Victim Services for the award period of DATE to DATE.

Please contact me should you have questions or require additional information.

Sincerely,

Sarah T., Board Chair  
President of the Board