

Sample Letter of Support for City or County Program

Date

Paul Smith
California WIC Program
California Department of Public Health
PO Box 997375, MS 8600
Sacramento, CA 95899-7375

Dear Mr. Smith,

We are writing this letter on behalf of XYZ County Health Agency to confirm our intention to use FFY 2012-13 Breastfeeding Peer Counseling (BPC) Program funds to improve our agency's breastfeeding services. Our goal is to enhance breastfeeding initiation and duration rates for WIC program participants.

In spite of the current budget challenges and spending barriers that can be encountered in our county, XYZ County Health Agency will follow procedures to allow XYZ County Health WIC Program to fully spend these funds without obstacles. ABC Health Agency wholeheartedly supports ABC WIC Program's Breastfeeding Peer Counseling Program objectives, endorses appropriate staffing to implement a successful Program, and will advocate for beneficial community partnerships. We also support the training and travel requirements associated with our agency's BPC staff and understand that BPC Program funds are restricted monies that can only be spent on specific purchases and activities as described in the California WIC Program Manual (WPM) 630-10 through 630-17, the CA WIC Breastfeeding Peer Counseling Program Administrative Manual, and in all pertinent USDA regulations governing the BPC Program (Loving Support model, ASM 08-11, USDA WLC pages 6-8, etc.)

It is anticipated that this FFY 2012-13 funding will be used to:

- 1)
- 2)
- 3)

The FFY 2012-13 Breastfeeding Peer Counselor Program funds will help provide improved access to breastfeeding resources for our WIC participants, enhance our agency's Breastfeeding Peer Counselor Program, and work toward our strategic plan goal of improving breastfeeding rates in our community in order to improve maternal and child health outcomes.

Sincerely,

Bob Ross
Director, XYZ County Health Agency

Mary Jones
WIC Program Director, XYZ County Health Agency

Laurie Metzger
Breastfeeding Coordinator, XYZ County Health Agency WIC Program