**Facility/Cente****r Director Letter of Support-CMHS and LTC**

**(Address letter to the appropriate Deputy Director)**

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**South Carolina Department of Mental Health**

**2414 Bull Street**

**Columbia, South Carolina 29201**

**Dear      ,**

**This is a letter of support for the proposed research project/grant (circle one or both), “     ”, to take place at (location)      . I believe the project has potential value to our clients in the area of** **.**

**I am aware of and in agreement that these resources of our Facility/Center will be used to as part of the research project (list out).**

**We look forward to working with       Principal Investigator /Grantee (circle one or both) in pursuing this study.**

**Please do not hesitate to contact me at** **should you have any questions or concerns.**

**Sincerely,**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Center or Facility Director Date:**

**[ ]** [ ]  **I approve this proposal to move forward through the DMH research/grant (circle one or both) review process.**

**[ ]** [ ]  **I do not approve this proposal to move forward through the DMH research review/grant (circle one or both) process.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Deputy Director Date:**