|  |  |
| --- | --- |
|  |  |



[Click to select a date]

Chair of the SSAF Grant Program Selection Committee

c/o Student Engagement | Student and Scholarly Services

Level 3, Building 199, 757 Swanston Street
The University of Melbourne

Victoria 3010 Australia
**E:** ssaf-grants@unimelb.edu.au

Dear Chair of the SSAF Grant Program Selection Committee,

**RE:** **[Click to add Project and/or Activity Title]**

[Click to add and include (but not limited to):]

* [Introductions / Summary]
* [Endorsement of the project or activity proposal]
* [Details of the role of the partner organisation in the activity]
* [Reference to any in-kind or cash support to be provided]
* [Sign-off with partner organisation name, contact details and title of key contact at partner organisation]



[Sign-off Name]

[Job Title]

[Partner Organisation Name]

[Partner Organisation Street Address]

[Partner Organisation City, State/Province and Zip/Postal Code]

[Sign-off Phone Number and Email Address]