<Your Organization Logo/Letterhead>

Contact: Contact Name Contact Email Contact Phone

## <HEADLINE THAT SUMMARIZES GRANT AWARD DETAILS >

City, State – [Organization name], [brief description of your organization], was awarded [dollar amount] of grant funding through the Larimer County Behavioral Health Services Impact Fund. The funding will be used by [Organization name] to support [give summary of the efforts that will be supported by the funding].

"[Organization name] is pleased to receive this grant award and put it towards [detail on how it will be used] to create meaningful impact for [include details on community or communities it will support]," said [first name, last name, title, organization name].

This program aims to [insert detail on intent of program] to support [insert detail on issues it will address and communities it will serve]. [Insert additional detail on project or program activities and how they will support its overall goal].

[Include data/research statistics that helps to illustrate the need for the work of your organization, citing sources]

At [organization name], we are seeing firsthand the urgent need to [insert detail on why this grant award is relevant and pressing to those you serve during this time]. We believe [body of work this grant will support] will have a significant impact on [issue area you intend to address] for [population served].

To learn more about [Organization name] please visit: [website address]

To learn more about the Larimer County Behavioral Health Services Impact fund, please visit: larimer.org/behavioralhealth

###

About [Organization Name] Insert summary statement about your organization here.