LETTERHEAD

Jennifer Prins, CoC Coordinator

River Valleys Continuum of Care

P.O. Box 144

Zumbrota, MN 55992 VIA ELECTRONIC MAIL

Re: Commitment to provide funding from public or private health insurance provider

Dear Ms. Prins:

On behalf of HEALTH INSURANCE PROVIDER NAME, I am pleased to offer this letter of commitment to support healthcare services for eligible participants at NAME OF PROJECT. Our agency provides health insurance services to CUSTOMER DESCRIPTION within the River Valleys Continuum of Care (CoC MN-502) region, and actively partners with agencies like HOUSING PROVIDER PARTNER to help our plan members remain stably housed and healthy.

Partnering with a housing program to ensure that people can meet their health needs in a safe and stable housing environment is critical to our mission as a health insurance provider. For the NAME OF PROJECT, HEALTH INSURANCE PROVIDER NAME will provide $AMOUNT to HOUSING PROVIDER PARTNER to DESCRIBE SERVICES for all program participants who qualify and choose those services. The funding contributions will be available between DATE and DATE.

If the amount listed above is an amount per person, please state the total value based on expected number of persons.

If renewal/continuation of funding is anticipated, please describe that.

If the funds are provided on a contract basis, please reference the contract number.

If you have any questions regarding this commitment, please contact NAME at EMAIL.

Sincerely,