**Bishop’s Letter of Support**

**Name of Applicant:**

**Name of Congregation:**

**Name of Diocese:**

**Title of Project:**

Has this project been screened within your diocese, according to your internal processes?

☐ Yes ☐ No

## COMMENTS FROM THE BISHOP

1. What excites you most about this project?

2. How does this project strengthen the mission of reconciliation within this congregation’s diocese?

3. Is there anything else you’d like the Review Committee to know about this project or congregation?

## SIGNATURE

Bishop’s Full Name:

Date of Signature:

Bishop’s Signature