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Date:

From:

(Manager/Director Name)

Site Name:

Address:

To: SNAP-Ed Steps to Health

516 Brickhaven Drive

Raleigh, North Carolina 27695

Dear SNAP-Ed Steps to Health,

We invite the FCS Extension Agent/Associate in \_\_\_\_\_\_\_\_\_\_\_ County to deliver the SNAP-Ed Steps to Health Take Control Program as outlined in the program curriculum (8 weekly sessions) to the adult individuals at our site.

At least half of the adults who are to participate in the program are receiving or eligible for SNAP benefits.

Sincerely,

(Signature)

(Name)