Hospital Transformation Program

Letter of Partnership

**Date**

**Name of Recipient**

**Company**

**Another Line**

**Address**

RE: Letter of Partnership

To Whom It May Concern,

Please accept this letter as notification that **Insert Name of Organization** intends to partner with **Insert Name of Hospital** in our joint effort to **Insert Name(s) of Intervention(s).** **Insert a Brief Description of the Organization.**

I am pleased to confirm that **Insert Name of Organization** has reviewedthe planned intervention(s) and is in agreement with the process as outlined below:

Insert Description of Intervention(s) and Planned Role Organization will have in the development, implementation, and operation of the Intervention(s).

Any questions should be directed to **Insert Name and Contact Information.**

Sincerely,

**Name**

**Title** (must be member of organization’s management team)