**SCHOOL LETTERHEAD**

***Template Letter of Participation from Leadership of School / District***

Prevention FIRST! and The Ohio Suicide Prevention Foundation,

(School Name) is requesting to implement the *Sources of Strength* secondary program. We recognize that funding for this curriculum has been provided through the CARES Act on behalf of the Ohio Department of Mental Health and Addiction Services.  This project is consistent with our goals to support student well-being, strengthen youth-adult connectedness, enhance positive student coping behavior, reduce risk of suicide and violence, reduce bullying behavior, and increase school belonging and resilience.

(School Name) agrees to implement the Sources of Strengthprogram with fidelity.  Our intended implementation will begin (Month/Year). In addition, we understand that (School Name) will have a certified Sources of Strength trainer lead the Adult Advisor and Peer Leader trainings. We (need to be/do not need to be) connected with a certified trainer to lead our Adult Advisor and Peer Leader trainings.

Sincerely,

[Name]

(Principal, Assistant Principal, or District Administrator)

**Please email form on school/district letterhead, signed and initialed, to Julie Cameron at julie@prevention-first.org**