Date

Shelter/Site Name

Shelter/Site Address

Shelter/Site Address

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Thank you for taking the time to discuss name of your organization plans to provide the *Curriculum-Based Support Group (CBSG®) Program* for the children and youth at name of school/site.As we discussed, the *CBSG® Program* is designed to increase resilience and protective factors in children and youth who may have experienced adversity, trauma, and anxiety, and have need of additional support. It is also an excellent modality for children and youth to learn and practice social, emotional, and coping skills they need both now and in the future.

I am attaching a detailed information document about the *CBSG® Program.* You can also find additional information about the Developer, Rainbow Days, Inc., on their Training Division’s website [www.rainbowdaystraining.org](http://www.rainbowdaystraining.org).

Name of your organization has excellent staff members who are trained, certified Facilitators in *Youth Connection the CBSG® Program* adaptation we will use. *Youth Connection* consists of 10 to 12 weekly or bi-weekly sessions. Documents outlining both the 10- and 12-Session Topics are attached.

We would welcome the opportunity to schedule another call to determine your interest in us providing this valuable service. Remember, there is no charge to you.

Please let me know if you have any questions, your phone number, and email address. I will follow up with you in a few days after you have had the opportunity to review the material.

Thank you.

Sincerely,

*Signature*

Title