**SAMPLE FORMAT FOR LEADERSHIP ENDORSEMENT**

(Endorsement must be on organization’s letterhead.)

SHRP2 Implementation Assistance Program

**Leadership Endorsement**

Date of endorsement:

Proposed project name(s):

SHRP2 Product(s):

Participation level (Lead Adopter; User Incentive, Proof of Concept Pilot):

Priority ranking(s):

Chief executive’s name and title (print):

* Organization:
* Email:
* Phone number:

CEO’s Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For more information about Round 6 implementation assistance opportunities, visit <http://www.fhwa.dot.gov/goshrp2/ImplementationAssistance>.