

## Recommendation – Agency Response Form

<b>Local agency name:</b>	
<b>Name of individual completing the form:</b>	
<b>Phone number:</b>	
<b>Date:</b>	

<b>Recommendation: Please respond below only to whether you accept or reject the recommendation and explain why.</b>	<i>Completed by Area Coordinator</i>
<b>Agency response only if an “accepted” recommendation:</b>	<i>Completed by Agency</i>
<b>Agency response only if a “rejected” recommendation:</b>	<i>Completed by Agency</i>