APPENDIX B

TEMPLATE LETTER FROM EMPLOYER

[PLEASE PLACE ON EMPLOYER LETTERHEAD]

[DATE]

ECE Educators Homeownership Initiative

c/o Community Development Alliance

3800 W Lisbon Avenue

Milwaukee, WI 53208

RE: Employee Certification

Dear Application Review Team,

Our organization is a Wisconsin Licensed Family Child Care Center or a Licensed Group Child Care Center or a public, private, or charter school that serves children in third grade or below (“ECE Provider”).

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

[Organization Representative]