[Municipality Letterhead]

[Date]

On behalf of the *[Name of Municipality\_\_\_\_\_\_\_\_\_\_\_\_\_]*, I am pleased to offer our full support for *[Name Surname\_\_\_\_\_\_\_\_\_\_\_]*, who serves as *[Position in Municipality\_\_\_\_\_\_\_\_\_\_\_\_]*, to participate in the Europe Goes Local Mentoring Program. We recognize the value of this initiative in strengthening youth work on a local level, and we are committed to contributing actively to the goals of the program.

We are confident that [Name Surname]'s involvement in this mentoring program will enhance their professional expertise and contribute to the development of local youth policies and practices. The municipality is ready to fully support their participation in all elements of the project, including the following:

- [ ] Online Meetings

* [ ] International Study Visits
* [ ] Local trainings and activities

- [ ] Engagements Related to the Program

We recognize the benefits this program will bring to our community, and we are committed to assisting in every possible way.

In the event of any change in *[Name Surname\_\_\_\_\_\_\_\_\_\_\_\_\_]’*s position, we will immediately appoint a substitute from within the municipality to ensure our involvement in the program. Please find below the contact details of the designated substitute in case of a transition:

**Substitute Contact Information:**

- Name Surname: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

- Position: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

- Email Address: [Substitute's Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

We understand the importance of continuity, and we are committed to maintaining active participation by finding a replacement as soon as possible to avoid any disruption.

Please consider this letter as a testament to our dedication to the Europe Goes Local initiative and our eagerness to strengthen youth work practices within our community.

Sincerely,

*[Name of Mayor or Authorized Official]*

*[Position in Municipality]*

*[Municipality Name]*

*[Contact Information]*