**Letter of Commitment/Support - CMP Project – Corporate Letter**

This letter of commitment is being submitted for the following *facilities under common ownership*:

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| Project Title: |  |
| **Proposed Project Timeframe:** |  |

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| --- | --- | --- | --- |
| Facility Name/Address | Facility CCN | Facility-specific Contact Name/Title | Contact Telephone/Email |
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(Add additional rows, if needed)

This letter is to certify that \_\_\_\_\_\_\_(corporate name)\_\_\_\_\_\_\_\_\_\_ understands the nature of the proposed project and is committed to having the above listed facilities participate in this project until project completion).

We certify that the participating facilities have the staff available to commit to implementing this project as well as the time needed to complete the required tracking, measurement and reporting for this project. We understand that participating facilities are obligated to complete these requirements on a timely basis.

In addition, we understand that by committing these facilities to participate in this project, the facilities will be using their budgeted allotment/cap for this funding category (e.g. training, quality of care, etc.) in accordance with CMS Memorandum QSO-23-23-NH. The facility will not be able to participate in another project in the same category until this project (including subsequent reporting) has been fully completed.

Authorized Corporate Signer,

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

Telephone/email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_