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

This letter of commitment is being submitted for the following facility:

| Required Item |  |
| --- | --- |
| Facility Name |  |
| Facility Complete Address |  |
| Authorized Signer’s Name/Title |  |
| Telephone/Email for Authorized Signer |  |
| Project Title |  |
| Project Category |  |
| Proposed Project Timeframe |  |
| CMS Certification Number (CCN) |  |

This letter is to certify that \_\_\_\_(facility name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understands the nature of the proposed project and is committed to participating in this project until the project has been completed.

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

In addition, we understand that by committing our facility to participating in this project, we are using our budgeted allotment/cap for this funding category (e.g. training, quality of care, etc.) in accordance with CMS Memorandum QSO-23-23-NH. Our 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 Signer,

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

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

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