[Nursing Home Letterhead]
Administrator's Name
Address
Administrator's Title
Administrator's Phone Number
Administrator's Email address

RE: Letter of Support for Golden Years - Strength & Mindfulness Training Program, a 3 year grant program.

This letter confirms **[Nursing Home Name]'s** commitment to participate in the above-referrenced Civil Money Penalty Reinvestment Program.

Project Details:

- Project Title: Golden Years - Strength & Mindfulness Training Program
- Project Timeframe: December 1st, 2026 - November 30, 2029
- Nursing Home CMS Certification Number (CCN): **[CCN Number]**

Acknowledgement:
We acknowledge that this funding request will count against our nursing home's maximum cap for the project category: Activities to Improve Quality of Life, and commit to participating in the project for its entire duration. During this period, we acknowledge that the funding allocation remains in place regardless of organizational changes or other non-extunating circumstances.

Additionally, we understand that the project determination review process may take approximately 90 days, and we will maintain our commitment to this application during the review period.

[Name and Title of Administrator]
[Administrator Signature]
[Date]