To: [Insert Project POC]

Cc: CMP-Info@cms.hhs.gov; QualityAssurance@cms.hhs.gov; Branch POC

Subject: **State [Approval/Denial] of Request to Use CMP Funds for COVID-19 Communicative Technology**

Dear [Project POC],

The State of [insert state] has approved the COVID-19 Communicative Technology application submitted by [Insert Organization Name] for [Insert Requested Funding Amount] to implement COVID-19 communicative technology in the following long-term care (LTC) facility/facilities:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Facility Name | CMS Certification Number (CCN) | Number of Certified Facility Beds | Type of Device (e.g. Tablet, Webcam.) | Cost per Device | Number of Devices | Total Cost per Facility |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL PROJECT COST** |  |  |  |  |  |  |

\*Insert additional rows as needed

The state confirms all required application parameters were met.

 Best Regards,

 [Insert State POC Information]