

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]