

IF YOU WOULD LIKE YOUR CARE CENTER TO BE INCLUDED IN THIS GRANT OPPORTUNITY, PRINT, COMPLETE, SCAN AND EMAIL LETTER TO THRIVING4LIFE. lprimm@thriving4life.org DO NOT MAIL TO THE CMP FUNDS MGR IN GEORGIA. LETTER MUST BE PART OF GRANT APPLICATION PACKAGE TO BE SUBMITTED BY THRIVING4LIFE.

Date: _____

Patrice Bowles
CMP Funds Manager
Georgia Department of Community Health
Healthcare Facility Regulation Division
2 Martin Luther King Jr. Drive, SE
East Tower, 17th Floor
Atlanta, GA 30334

Re: Name of Project: Art4Life - Georgia
Time Frame: Two Years to Three Years – Depending on # of Care Centers Participating
Grant Category: Activities to Improve Quality of Life
Topic: Art

Dear Ms. Bowles:

Please accept this letter of support and request for the therapeutic, expressive Art4Life program to be funded as a project for Georgia skilled care centers. It is understood that should the funding be approved, the cost of our care center's participation will be applied against our CMP Grant Budget under the category "Activities to Improve Quality of Life," topic "Art." Thank you for your consideration.

Check one:

- Our skilled nursing center is committed to participating, should the grant be funded. Our care center's information is listed below.
- We are a corporation with multiple skilled nursing centers that are committed to participating, should the grant be funded. I have attached a separate page listing our centers' information including CCN Numbers.

Name of Skilled Nursing Center: _____

Address: _____

Skilled Nursing Center's 6-digit CMS Certification Number (CCN): _____

Authorized Person's Name: _____ **Signature:** _____

Title: _____