



The Java Project II

Letter of Support

Facility Name					
Street Address					
City, State, Zip Code					
CMS Certification Number (CCN	۷)				
County					
Bed Count					
The Java Project Benefits: Addr sets of extensive program mater ongoing costs after the grant.	_				
Please complete this letter of Contract Administration, at ad			avidson,	, Director of Gran	<u>t &</u>
This is a letter of support for th	ne Java Project II CMP gra	nt. If su	ccessfu	l we agree:	
 To ensure that sufficient staf facilitate weekly groups thro 		ipate in	The Java	<i>Project II</i> trainings	and
o To provide continued admini	strative support for the 3-	year pro	ject;		
 That the CMP funding being allowable funding for this pro 		oject in d	our facilit	ty will count towar	ds our
 To identify a project lead who and submitting quarterly rep 			_		programs
Administrator:	Print name				
Email	Signature				
Phone	Mo/day/year	/	1		
Project Lead:	Print name				
Email	Signature				
Phone	Mo/day/year	/	/		