[Organization Name]

[Organization Street Address]

[Organization City, State Zip]

Dear Civil Money Penalty Reinvestment Program Review Team:

The [Organization Name] is committed to supporting the Educational Foundation of the Ohio Health Care Association (EFOHCA) Civil Money Penalty Reinvestment Program grant project “Strengthening Ohio Nursing Homes through Medication Aide Training” from December 2024 through December 2026.

As long-term care providers, we know that research supports medication aides in our care settings. It indicates that nursing facility operators have fewer medication-related deficiencies and that training nursing assistants as medication aides is also associated with a decreased use of physical restraints.

As [Title] of [Organization], I am authorized to commit to my participation in this proposed project. I have included a list of our [number] facilities participating in this training program. We estimate that [number] nursing assistants will participate in the training over two years.

This collaborative opportunity aligns well with the EFOHCA's goals for supporting the aging population, improving the quality of care in our long-term care facilities, and supporting long-term care providers to enhance resident quality of life. I enthusiastically support this proposal as it aligns with our mission and vision.

Sincerely,

[Name]

[Title]

[Date]