

[Insert organization official letterhead]

From: [Insert name and contact info of someone in a senior leadership position at your organization or the lead organization of a Collaborative Partnership]

Donovan Morgan

Coordinator

TN Division of TennCare

310 Great Circle Rd.

Nashville, TN 37243

RE: Statement of Assurance

On behalf of, __[Insert (lead) organization name]____, I understand the requirements of the funding tier selected for the TennCare Community Health Worker Infrastructure Project grant application. If __[Insert (lead) organization name]____ is selected to receive this grant funding I am committed to fulfilling these requirements over the course of the grant contract period.

Signature/Title:

Date: