

[Insert organization official letterhead]

From: [Insert name and contact info of someone in a senior leadership position at your organization]

Sharon Way
Coordinator
TN Division of TennCare
310 Great Circle Rd.
Nashville, TN 37243

RE: Statement of Assurance and Certification of Acknowledgement

On behalf of, __[Insert (lead) organization name]____, I understand the requirements of the funding for the TennCare Psychiatric Hospital 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.

The [insert organization name], applying for a Psychiatric Hospital grant (Applicant), by and through the undersigned individual, acknowledges that this grant application process only results in the award of grants as defined at T.C.A. § 12-3-201(9). The Applicant further acknowledges that there is no guarantee of receiving a grant at all. The Applicant acknowledges that neither the Applicant nor any other party holds any rights under Title 12, Chapter 3, Part 5 of the Tennessee Code Annotated, and that the Applicant does not obtain any rights by submitting an application. The Applicant represents and warrants that it is not debarred from entering into agreements with the federal government or the State of Tennessee.

By signing below, the signatory represents and warrants that he or she has lawful authority to bind the Applicant and execute documents on the Applicant's behalf.

Signature/Title:

Date: