**ATTESTATION LETTER**

**Request for Applications (RFA) for Returning Community Impact Projects**

**SNAP-Ed at Michigan Fitness Foundation (MFF)**

**Fiscal Year 2025 (October 1, 2024 – September 30, 2025)**

An Attestation Letter is *required* for all organizations interested in applying for Fiscal Year (FY) 2025 Request for Applications (RFA) for returning Community Impact Projects.

Use the template below to complete the Attestation Letter. **The submitted Attestation Letter must be placed on your organization’s official letterhead, include all components in the template, and have an original signature of an authorized representative** (electronic signatures accepted).

To be eligible to receive funding through SNAP-Ed at MFF to deliver SNAP-Ed programming locally as a contracted service to MFF, it is required that your organization satisfies the eligibility criteria listed below through September 30, 2025.

Electronically submit the Attestation Letter (as a Word or PDF file) by **4:30 p.m. EST on May 13, 2024.**

For questions, email: [communityimpactprojects@michiganfitness.org](mailto:communityimpactprojects@michiganfitness.org)

*Copy all of the below (pgs. 2 – 3) to your organization’s letterhead and submit:*

**ORGANIZATION INFORMATION**

|  |  |
| --- | --- |
| Organization/Agency Name: |  |
| Type of Organization/Agency: |  |
| Taxpayer ID or EIN#: |  |
| Physical Address: |  |
| Mailing Address: |  |

|  |  |
| --- | --- |
| Authorized Organization Representative: |  |
| Telephone: |  |
| Email Address: |  |
|  | |
| Lead Program Contact: |  |
| Telephone: |  |
| Email Address: |  |
|  | |
| PSE Lead: |  |
| Telephone: |  |
| Email Address: |  |
|  | |
| Financial Representative: |  |
| Telephone: |  |
| Email Address: |  |

**By signing below, I acknowledge that my organization:**

1. Will provide a contracted service to MFF by delivering SNAP-Ed programming locally, as directed by MFF.
2. Is a public entity and/or receives public money (e.g., a political jurisdiction, parks and recreation department, health department, college or university, public school districts, Indian Tribal Organizations, or other public organizations).

**OR**

Is a nonprofit organization with private cash donations. The cash donations are not given in connection with any endorsements of donors or products related to the nutrition education activities, do not benefit the donor or revert back to the donor, and do not have any restriction on their use.

1. Understands that SNAP-Ed at MFF funding\* is managed on a **cost-reimbursement basis**. This means that the organization incurs expenses by implementing the approved activities, and these expenditures are reimbursed to the organization upon accurate completion of monthly invoices. Expense reimbursement is contingent on MFF approval and will only cover allowable expenses incurred in FY 2025. The organization also recognizes the cash flow management that is required with cost-reimbursement funding.

*\*FY 2025 funding amount will be determined by a program design process overseen by MFF and subject to available funding.*

1. Reviewed the FY24 CIP Service Provider Guide and the Request for Applications Process Overview, and understands eligibility for Community Impact Projects.
2. Will provide contracted services to MFF in alignment with the FY 2025 Community Impact Project Service Provider Guide.

We have reviewed the above information, verify the information in the Attestation Letter is accurate, and affirm our organization will comply with all of the items stated above.

**Signature of Authorized Organizational Representative**:

**Print name**:  

**Position at organization**:

**Date:**

**Signature of Program Lead**:

**Print name**:  

**Position at organization**:

**Date:**

**Signature of Finance Lead**:

**Print name**:  

**Position at organization**:

**Date:**