**ATTESTATION LETTER**

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

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

**Fiscal Year 2026 (October 1, 2025 – September 30, 2026)**

SNAP-Ed funding from the Michigan Fitness Foundation requires that your organization satisfies the criteria below through September 30, 2026. Only organizations that meet the requirements can be funded as a Community Impact Project (CIP) to deliver SNAP-Ed programming locally as a contracted service to MFF.

An Attestation Letter is *required* for all organizations currently funded as a CIP that want to be considered to continue as a CIP service provider in Fiscal Year (FY) 2026 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).

Electronically submit the Attestation Letter (as a Word or PDF file) by **4:30 p.m. EST on May 14, 2025.**

*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:  |   |
|   |
| Community Strategy 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 as directed by MFF, organization will provide allowable nutrition education, physical activity promotion, and community-based change strategies to SNAP-Ed audiences: SNAP participants, low-income individuals who can receive SNAP benefits or other means-tested Federal assistance programs, and individuals residing in communities or attending schools with a significant low-income population. (Refer to the current [FY25 CIP Service Provider Guide](https://snap-ed.michiganfitness.org/wp-content/uploads/fy25-cip-service-provider-guide-2.pdf) for details.)
2. 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 Fiscal Year (FY) 2026. Organization also recognizes the cash flow management that is required with cost-reimbursement awards.

*\*FY 2026 funding amount will be determined by a program design process and is subject to available funding.*

1. Understands that you do not submit a budget with your application. If selected, organizations move through the program design process and will receive a budget (capped at $250,000 per federal regulations) built to align with the scope of work.
2. Reviewed the [FY25 CIP Service Provider Guide](https://snap-ed.michiganfitness.org/wp-content/uploads/fy25-cip-service-provider-guide-2.pdf) and the Request for Applications Process Overview.

We have reviewed the requirements listed above and verify that my organization will comply with all requirements.

**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:**