



Project Name: SOS Senior Oral Health Services: Nursing Staff Training for Preventative Oral Care in Long-Term Care Facilities

Facility Participation and Commitment Agreement

To be eligible to participate in the **SOS Senior Oral Health Services: Nursing Staff Training for Preventative Oral Care in Long-Term Care Facilities** project, a facility must be a North Carolina certified skilled nursing facility and agree to the **3** year commitment to the terms of the project. By signing this agreement, you understand that the CMP funding being used to implement this project in your facility will count towards your allowable funding for this project category. For more information about CMP funding allowances, please visit <https://www.ncculturechangecoalition.org/fundinganduses>

Facility Name _____ CCN _____

Address _____

Administrator's Name _____

Corporate Ownership _____

Name/Title of Individual Signing This Form _____

Email _____ Phone _____

If multiple long-term care communities are being included in one Letter, please check here and complete information on back of form instead.

Type of CMP Project

- Quality of Care Training
- Consumer Information
- Other _____
- Quality of Life Activities
- Resident/Family Council

Signature _____ Date _____

