

**Wisconsin Civil Money Penalty Reinvestment Program
Application Attestation Statement**

Project Name: _____

CMP funds have been provided for the express purpose of enhancing quality of care and quality of life in nursing homes certified to participate in Title 18 and Title 19 of the Social Security Act. By signing below, you are confirming that everything stated in this application is truthful and you are aware and in compliance with the CMP project and applicant requirements.

Name of Applicant: _____

Signature of Applicant: _____

Date: _____