

NO COST EVIDENCE OF FUNDING LETTER

Please use this template if a “No Fee Cost Invoice” is prepared by ResDAC for your data use request. The purpose of this letter is to verify for CMS that the requesting organization has sufficient funding available for the research project as a whole though there are no applicable fees specific to the use of CMS data.

Please submit an unsigned draft as a Word file. ResDAC will notify you when it is time to format the final document to letterhead and obtain a handwritten signature.

Requesting Organization Letterhead (applies to final, signed document only)

[Enter Date]

Director, Division of Data & Information Dissemination
Data Development & Services Group, OEDA
Centers for Medicare and Medicaid Services (CMS)

RE: NO COST EVIDENCE OF FUNDING

Dear Division Director:

This is a letter to provide evidence of support for our request to purchase CMS data files on behalf of [Insert PI's name] for a research study entitled “[Insert study title].” **Although there is no charge for the data, I attest that there are sufficient internal funds available to support this research study in its entirety.**

Thank you in advance for your attention to this data request. If you have any questions I can be reached by e-mail at [Insert e-mail address] or by phone at [Insert phone number].

Sincerely,

[SUBMIT DRAFT ONLY – DO NOT SIGN UNTIL ADVISED BY RESDAC]

Typed name of organization representative*

Formal title and

Department name

*The signatory of this letter must be someone who can verify there are sufficient funds available to cover the cost of the data requested. For example, a college dean, a department chair, a financial administrator, etc. The signatory cannot be the Principal Investigator, DUA User, or DUA Custodian.