(Customize the highlighted text below and print on fiduciary organization’s letterhead)

[Date]

Safe Routes to School Office

Michigan Fitness Foundation

P.O. Box 27187

Lansing, MI 48909

To whom it may concern:

[Name of Fiduciary] is committed to serving as the fiduciary organization for the noninfrastructure programming requested in [Name of School’s] Safe Routes to School application. We understand that funding for all noninfrastructure activities will be distributed on a cost-reimbursement basis and that:

1. A contract must be in place between a selected applicant (or its designated fiduciary) and the Michigan Fitness Foundation before any expenses are eligible for reimbursement.
2. Reimbursement is initiated by the applicant/fiduciary through a reporting process, which includes a progress report, invoice, personnel expense detail, non-personnel expense detail, and all back-up documentation and receipts.
3. The reimbursement process can take up to 90 days once an accurate reporting packet is submitted.
4. Before the final reimbursement is made, a final progress report must be submitted that addresses intended outcomes, actual outcomes, lessons learned, how others can benefit from your project, and next steps for SR2S.

Please address any questions regarding this commitment to [Name and Title of Contact Person] at [Fiduciary Organization] at [Phone Number], [E-mail Address].

Sincerely,

[Name]
[Title]
[Fiduciary Organization]