**CMP Extension/Continuation Project - Reference Letter Request**

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| REQUESTING State Agency: |  |
| Contact Name/Title/Address: |  |
| Contact Telephone/Email address: |  |
| Project Title/Vendor Name: |  |

We are requesting a reference letter for the above-named Vendor/Project, to be used in determining whether to apply for an extension/continuation project in our State (for this same Vendor/Project).

Please email the referral letter with a summary of project results/recommendation to (check one below):

\_\_ the above listed contact

\_\_ the individual listed below:

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This reference letter (**select one**) should / should not include a copy of the original CMS Project Approval letter.

Please email this request letter to:

Munna Yasiri

MN State Civil Monetary Penalties (CMP) Administrator

munna.yasiri@state.mn.us

If you have questions, please email Munna Yasiri or call (651) 431-2264