***(Your letterhead) Please add the necessary information below, print on letter head, and send to this signed letter via email (to*** [***cmccray@npaihb.org***](mailto:cmccray@npaihb.org)***), fax (Attn: THRIVE to 503-228-4801), or first class mail (address below) to arrive to the NPAIHB by June 10th. Thank you so much!***

[Date]

NPAIHB

2121 SW Broadway, Suite 300

Portland, OR 97201

[Your Name]

[Tribe/Organization Name]

[Street Address]

[City, ST ZIP Code]

[Date]

RE: THRIVE Conference Verification of Background Check for conducted for [Name]

To Northwest Portland Area Indian Health Board,

I [Your Name] verify that a Background Check was conducted by [Tribe/Organization Name] for [Name] on [Date]. If you have any questions please do not hesitate to contact me at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name]

[Title]

[Tribe/Organization Name]