| Organization Letterhead |  |  |  |
| --- | --- | --- | --- |

Date

BDO

100 Park Ave, 11th Floor

New York, NY 10017

RE: Verification of Your Name for CNAP Qualification

Please let this letter serve as verification that Your Name, currently in the full-time/part-time position of Your Title/Role for your organization, has served in the day-to-day financial operations of our nonprofit organization from start Month, year – end Month, year.

Please contact me as needed if any further information is required.

Sincerely,

Your Supervisor’s Name
Your Supervisor’s Title
Your Organization

Email

Phone number