Attachment E

<Organization Letterhead>

<Date>

To Whom It May Concern:

<Organization> is applying for the E-MDT Hub Funding Application for X region. If awarded to <organization>, we will use these funds to develop E-MDTs in the region to address financial exploitation and other forms of elder mistreatment.

As a requirement of the funding, we understand that our organization must utilize at least one volunteer in the operation of the organization, but the volunteer does not have to be associated with this project.

**VOLUNTEER ATTESTATION**:

<Organization> understands the requirement of the Office of Victim Services and we attest to the fact that we have at least one volunteer in the operation of the organization.

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Agency Representative Date