

ATTACHMENT 6 – HISTORIC RESOURCE PROJECT ACKNOWLEDGEMENT FORM

APPLICANT ACKNOWLEDGEMENT

As a duly authorized representative of the organization applying for LCHIP funding, I hereby acknowledge that I have read and understand NH RSA 227-M and LCHIP's *Criteria, Guidelines, and Procedures* (CGP), I further understand that any change in the scope of this project, or failure to comply with the terms set forth in the CGP, may result in withdrawal of funding.

Signature _____ Date _____

Name _____ Title _____

LANDOWNER ACKNOWLEDGEMENT

As the owner of the property to be conserved with LCHIP assistance, I authorize the submission of this application and understand that public access to the property is required by NH RSA 227-M and LCHIP's *Criteria, Guidelines, and Procedures* (CGP). I further understand that any change in the scope of this project, or any failure to comply with the terms set forth in the CGP may result in withdrawal of funding.

Signature _____ Name _____

Date _____ Address _____

GOVERNING BODY ACKNOWLEDGEMENT

Municipality _____ Governing Body _____

As a duly authorized representative of the municipal governing body listed above, I approve the submission of this application. I further understand that any change in the scope of this project, or failure to comply with the terms set forth in NH RSA 227-M and LCHIP's *Criteria, Guidelines, and Procedures* (CGP) may result in withdrawal of funding for this project.

Signature _____ Date _____

Name _____ Title _____

EASEMENT HOLDER ACKNOWLEDGEMENT

Proposed Easement Holder (Org.) _____

Address _____

As a duly authorized representative of the organization named above and proposed to hold a Conservation Easement on the property described in this LCHIP application, I hereby acknowledge that I have reviewed and understand NH RSA 227-M and LCHIP's *Criteria, Guidelines, and Procedures* (CGP). I further understand that any change in the scope of this project, or any failure to comply with the terms set forth in the CGP may result in withdrawal of funding.

Signature _____ Date _____

Name _____ Title _____

ATTACHMENT 7- AUTHORIZATION TO USE PHOTOGRAPHS AND PHOTO RELEASE

I, _____ hereby grant permission to the New Hampshire Land and Community Heritage Investment Program (LCHIP) of Concord, New Hampshire to use my image(s) and photograph(s) for marketing, promotion, and training purposes. The image(s) may be cropped and/or manipulated for use in any print or electronic publication, marketing effort (including its website or facebook page), or presentations for the purpose of promoting the Land and Community Heritage Investment Program. I acknowledge that the Land and Community Heritage Investment Program may choose not to use my photo at this time, but may do so at its own discretion at a later date.

<u>Photograph Label</u>	<u>Description (i.e. event, building, or landmark name, and date taken)</u>
_____	_____
_____	_____
_____	_____
_____	_____

Photographer _____

Address _____

Phone _____ Email _____

Is credit required? NO YES If yes, provide text _____

Photographer's signature: _____

Date _____

PHOTO RELEASE

By my signature here I grant permission to the New Hampshire Land and Community Heritage Investment Program (LCHIP) of Concord, New Hampshire to use my image for marketing, promotion, and training purposes. The image(s) may be cropped and/or manipulated for use in any print or electronic presentation, publication or marketing effort (including the LCHIP website or facebook page) for the purpose of promoting the Land and Community Heritage Investment Program. I acknowledge that the Land and Community Heritage Investment Program may choose not to use my photo at this time, but will retain the right to do so at a later date.

Name of subject Signature of subject or legal guardian

Name of legal guardian (if applicable) Date

Name of subject Signature of subject or legal guardian

Name of legal guardian (if applicable) Date

If subject is less than 18 years of age a parent or legal guardian must complete this form.

ATTACHMENT 8 - AUTHORITY TO SIGN

I, _____, Chairman/President of the Board of Directors/Board of Selectmen, certify that: the Board of Directors of (*name of organization*)

_____ authorize (*Name and Title of Officer*)

_____ to enter into a contract with the New Hampshire Land and Community Heritage Investment Program (LCHIP) and to execute any documents which may be necessary to effectuate such contract.

Signature of Chairman/President

Printed Name and Title of Chairman/President

State of New Hampshire, County of _____ SS

On this the _____ day of _____, 2016

_____ (*name of chairman/president*) personally appeared before me, acknowledging herself/himself to be the Chairman/President of _____ (*name of organization*), and that s/he, as such and being authorized so to do, executed the foregoing authority to sign form for the purpose contained therein. In witness whereof I hereunto set my hand and official seal.

Justice of the Peace/Notary Public

COMMISSION EXPIRATION DATE