

## 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 (Guidelines)*, I further understand that any change in the scope of this project, or failure to comply with the terms set forth in the *Guidelines*, 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 (Guidelines)*. I further understand that any change in the scope of this project, or any failure to comply with the terms set forth in the *Guidelines* 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 (Guidelines)* 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 Preservation 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 (Guidelines)*. I further understand that any change in the scope of this project, or any failure to comply with the terms set forth in the *Guidelines* 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.*