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 <i>Criteria, Guidelines, and Procedures</i> (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 WWW MULL	Date Jule 13, 2016
Robert Stephenson	
Name	Title Member, Meetinghouse Committee
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 <i>Criteria</i> , <i>Guidelines</i> , and <i>Procedures</i> (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 Jaffrey	Governing BodyBoard of Selectmen
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 <u>JAVIA N. CARON</u>	Title Town MANAGE
EASEMENT HOLDER ACKNOWLEDGEMENT	
Proposed Easement Holder (Org.)	
Address	
As a duly authorized representative of the organ the property described in this LCHIP application 227-M and LCHIP's Criteria, Guidelines, and Pro	nization named above and proposed to hold a Conservation Easement on n, I hereby acknowledge that I have reviewed and understand NH RSA cedures (CGP). I further understand that any change in the scope of this set forth in the CGP may result in withdrawal of funding.
Signature	Date
Name	Title