

The undersigned representative certifies that s/he reviewed the guidelines and the content of this funding request, understands the benefits and responsibilities of participation, commits to meet the expectations of the program, and certifies that the information contained in this application is true and correct to the best of his/her knowledge.

_____ Initial here to **certify** that the volunteer nominated in the application is not a current member of the organization's Board of Directors.

HALO Award grant recipients may be photographed at related events and meetings. We will use these photos to help others understand the HALO experience, including online and in printed marketing materials. The Carl & Roberta Deutsch Foundation will own the rights to the photos.

_____ Initial here to **approve** the Foundation's right to photos and use of photos.

HALO Award grant recipients are listed on the HALO Award website and promotional materials.

_____ Initial here to **approve** the use of your organization logo on the HALO Award website, with a hyperlink to your organization home page, and promotional materials.

Statement of Authorization

Organization:

(Name)

(Address)

Executive Director:

(Name)

(Signature)

(Date)