



STATE OF NEW HAMPSHIRE
 Department of Natural and Cultural Resources
 Division of Parks and Recreation
 Bureau of Trails



RECREATIONAL TRAILS PROGRAM
PROJECT ADMINISTRATOR'S AUTHORIZATION

This form must be submitted with original signatures to the Bureau of Trails and cannot be reused.

Project Administrator (type or print full name): _____

The person who is named above has been appointed as Recreational Trails Program Project Administrator. This person is authorized to enter into Recreational Trails Programs contracts and agreements with the State of New Hampshire, Bureau of Trails and accept monies granted and received in compliance with the application, contract or agreement.

The Project Administrator is the only person authorized to submit billing requests for reimbursement of funds. The Project Administrator shall be responsible for compliance with all aspects of the project and shall submit the required project reports/updates as specified in the contract or agreement.

I hereby certify that the person named as Project Administrator, above, is fully authorized to act on behalf of the

(print name of organization): _____ organization or political

subdivision to submit a grant request for the project named: _____.

 Print Name (person giving project administrator authorization on behalf of organization)

 Title in organization

Date: ____/____/____

Signature (person giving project administrator authorization on behalf of organization)

PROJECT ADMINISTRATOR INFORMATION: to be filled out by the Project Administrator ONLY

 Print Name

Signature (not valid unless signed) Date: ____/____/____

 Email (required: primary form of contact with Bureau of Trails)

(____) _____
 Phone (secondary form of contact)

(____) _____
 Alternate phone (if necessary)

 Organization Mailing Address

 City/Town

 State

 Zip Code