

The Vernon Advocate

15 Village Way - Unit -6 * Vernon, NJ 07462 * 973-764-0375 * e-mail: john.whiting@vernonadvocate.com

Vernon Area Cooperative Marketing Grant Partner Approval Form (To be submitted via fax - 973-764-0375 prior to end of day Friday May 6, 2022)

Understanding: I the undersigned understand and acknowledge that Dr. John T. Whiting has invited me to be a Partner in the application for a the New Jersey Division of Travel and Tourism for a FY 2023 Cooperative Marketing Grant. He has requested that I formalize my authorization to use my name and/or association/business in developing and submitting the application to the New Jersey Division of Travel and Tourism for a FY 2023 Cooperative Marketing Grant by executing this document.

I further understand that this grant funds will be used to develop a Vernon Area Cooperative Marketing Program, that I have the Vision of the content of the grant application, understand its content and approve of Dr. Whiting's general plan to complete the grant application process.

I further understand that there is no cost to me for granting this approval and that my involvement will include oversight of the application process and that I will be provided with copies of the application's content prior to its submission.

Dr. John T. Whiting has made no promise or guarantee that the FY 2023 Cooperative Marketing Grant application will be approved. In the event that the application is approved by the New Jersey Davison of Travel and Tourism it is further understand that I may be obligated to pay an equitable share of the required 25% match estimated to be in the \$500 (five hundred dollars) range and that I will have the opportunity to be represented on the Vernon Area Cooperative Marketing Program Board of Trustees.

I reserve the right to withdraw my approval and support for this project for any reason what-so-ever or for no reason at all prior to the submission of the application.

Approval:

I affirm that I am the authorized representative of my organization/municipality/business. I hereby grant authorization to Dr. John T. Whiting to use my name and that of my organization/municipality/business in the development of the New Jersey Division of Travel and Tourism for a FY 2023 Cooperative Marketing Grant Application, agree to provide a representative to monitor the application process and in the event the grant is approved to pay my share of the 25% match required by the New Jersey Division of Travel and Tourism for a FY 2023 Cooperative Marketing Grant Application procedures..

This approval is signed with the understanding the Dr. John T. Whiting has made no promise or guarantee that the FY 2023 Cooperative Marketing Grant application will be approved, and that he shall not be held liable in any manner in the event that the application is not approved.

I have had an opportunity to consult an attorney regarding this approval and have waived that opportunity in granting this approval.

Name of Parmer

Authorized Representative

Date

Print Name: _____