To whom it may concern:

I hereby give authority to (full name of person) to submit a grant request to the Lottery Individuals with Disabilities Committee on my behalf and can confirm that there is no conflict of interest arising with respect to the request.

Name of Customer…………………………………………………………………………………………………..
(Individual with a disability)

Signature of Customer……………………………………………………………………………………………….

Date………………………………………………………………………………….