



**Signatures of Approval to Pursue Hosting a Public Ally**

I am aware of the application for \_\_\_\_\_ (#) First Year Allies and \_\_\_\_\_ (#) Second Year Allies for the 2024-2025 year. I confirm that \_\_\_\_\_ (name of organization) is financially capable of hosting an Ally/ies for the duration of the program year from October 2024 - July 2025, as applicable. I have read and agree to uphold the expectations and responsibilities of being a Partner Organization/Supervisor. I am also aware that the potential direct supervisor from my organization will be expected to conduct interviews with possible Ally candidates. I understand that completing this application and conducting Ally interviews does not guarantee that my organization will receive an Ally.

Signatures of approval:

EXECUTIVE DIRECTOR/CEO

DATE

PRESIDENT/CHAIR OF BOARD OF DIRECTORS

DATE

FINANCE DIRECTOR/CFO

DATE

PROSPECTIVE ALLY SUPERVISOR

DATE