# **ATTACHMENT 4**

**AFFIDAVIT OF COMPLETION AND ACCURACY OF ARPA SLFRF 3.0 GRANT APPLICATION**

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

) AFFIDAVIT

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Personally appeared before me the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who being duly sworn, deposes and states as follows:

1. [APPLICANT NAME], a [INSERT ENTITY’S LEGAL TYPE (E.G. CORPORATION, LIMITED LIABILITY COMPANY, ETC.] organized under the laws of the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has submitted a Grant Application for the American Rescue Plan Act (“ARPA”), State Local Fiscal Recovery Fund (“SLFRF”) 3.0 Grant Program to the South Carolina Office of Regulatory Staff (“ORS”).
2. Grantee agrees that, upon notice of award, Grantee will provide ORS with a construction bond certificate (or evidence of $100 Million+ in electric or telecommunications plant in production in the State of South Carolina), within 30 days. If not otherwise provided, a certificate of insurance, Unique Entity ID (sam.gov UEI number), and South Carolina State Vendor Number must be provided within 10 business days. Grantee understands that a Notice to Proceed will not be issued until the information is received by ORS.
3. I hereby affirm that, to the best of my knowledge, information, and belief, the grant application, associated data, and attachments provided for consideration under the ARPA SLFRF 3.0 grant program are complete and accurate. I further certify that, to the best of my knowledge, information, and belief, all information included in the Grant Application is factual and correct.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title [President, CEO, or CFO]

SWORN to before me, this \_\_\_ day of 20\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public of South Carolina

My Commission expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_