

ATTACHMENT 1

AFFIDAVIT OF COMPLETION AND ACCURACY OF ARPA SLFRF ADGP GRANT APPLICATION

STATE OF _____)
)
COUNTY OF _____)

AFFIDAVIT

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”), Coronavirus State and Local Fiscal Recovery Funds (“SLFRF”), Accelerated Deployment Grant Program (“ADGP”) to the South Carolina Office of Regulatory Staff (“ORS”).

2. 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 ADGP 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.

[SIGNATURE PAGE FOLLOWS]

Name

Title [President, CEO, or CFO]

SWORN to before me, this ____ day of 20____

Notary Public of South Carolina
My Commission expires:_____