# **ATTACHMENT 4**

**AFFIDAVIT OF COMPLETION AND ACCURACY OF ARPA SLFRF 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”), Coronavirus State and Local Fiscal Recovery Funds (“SLFRF”) 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 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_