**AFFIDAVIT**

**REGARDING ARPA BROADBAND EASEMENTS**

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

) AFFIDAVIT

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

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

1. [APPLICANT NAME] is a [INSERT ENTITY’S LEGAL TYPE (E.G. CORPORATION, LIMITED LIABILITY COMPANY, ETC.] organized under the laws of the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. In connection with the requirements of the American Rescue Plan Act (“ARPA”) and the Capital Projects Fund (“CPF”), and in furtherance of the goal to accelerate broadband deployment in unserved areas of South Carolina, [APPLICANT NAME] signed the Grant Agreement provided by the South Carolina Office of Regulatory Staff (“ORS”) for the [INSERT PROJECT NAME], project number [INSERT PROJECT NUMBER] under the [INSERT PROGRAM NAME]. I acknowledge that [APPLICANT NAME] has signed the Grant Agreement, which stipulates, in part:
   1. H.5 Grantee has satisfied as to the nature and location of the Project, the general and local conditions to be encountered in the performance of the Project, and all other matters that can in any way affect the work or the cost thereof; and
   2. I.A(12) [The Grantee will obtain] all certifications, licenses, permits, and approval necessary to operate the project, and otherwise [satisfied] all requirements necessary to operate the project.
3. In support of the above referenced requirements of the Grant Agreement, I hereby affirm and attest, to the best of my knowledge, information, and belief, and based upon [APPLICANT NAME]’s records, data, and information, the following:
   1. The information provided to ORS by [APPLICANT NAME] related to easement concerns is complete, true, and accurate.
   2. All reasonable and good faith efforts were made to deliver service to all broadband locations covered under the Grant Agreement, particularly concerning efforts to identify and contact property owners whose property [APPLICANT NAME] must gain access to in order to build broadband service to all broadband locations covered under Exhibit A.
   3. These reasonable and good faith efforts included attempts to acquire easements upon the initiation of project planning and at later stages of the process including construction.
   4. That these attempts have been documented and submitted to ORS, which can include but are not limited to correspondence (certified mail), public announcements, and/or news media (paper, radio, local television broadcast, social media, public meetings, etc.) and that these attempts were designed to effectively inform the public about the nature of the project, its effects, and the public’s likely interest in it.
4. I acknowledge that ORS has sole discretion in disbursing funding for completed project work and that the disbursement of funding is contingent upon project completion; namely, ORS may authorize the disbursement of funds on a percent completion basis calculated as:
   1. Total Number of Structures Available to be Served divided by Total Number of Structures to be Completed (as indicated in Exhibit A), proportional to the total amount of eligible expenses incurred by the Grantee toward completion of the project.
5. I further acknowledge that ORS, after reviewing submitted documentation of reasonable and good faith efforts to anticipate and address cases in which easements were not obtained in order to undertake and complete required project work, may either:
   1. Accept submitted documentation of reasonable and good faith efforts and disburse funding based on locations that were served, or:
   2. Reject submitted documentation of reasonable and good faith efforts and find [APPLICANT NAME] in breach of contract.

FURTHER AFFIANT SAYETH NOT.

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

Name

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

Title [President, CEO, or CFO]

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

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

Notary Public of South Carolina

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