**Economic Development Lottery Grants**

See website for due dates



**ATTACHMENT B – ASSURANCES**

|  |  |
| --- | --- |
| **Organization Name:** |  |

**My signature below indicates that I understand that if my business is awarded funds under this application I will:**

1. Agree to specific measurements that can identify the effectiveness of my project.
2. Provide proof of secured revenue prior to release of grant funds if required by County.
3. Agree to a [Money-Back Guarantee on grant](http://www.goodjobsfirst.org/accountable-development/key-reforms-clawbacks) funds.
4. Allow Marion County to disclose limited company information (non-proprietary) on the type and amount of grant awarded by Marion County, the benefits my company has committed to create relevant to this grant program, and the outcome of fulfilling those commitments.
5. Track expenditures related to this project separately from other organizational funds, and provide reports at specified intervals agreed upon in the contract.
6. Complete project reports as outlined in the contract, including a final report at the end of the project providing both anecdotal information and data on the project’s outcomes. (Final payment will not be made until a final report is accepted and reviewed by the Marion County Economic Development Advisory Board.)
7. Maintain sufficient resources on hand to cover project costs incurred between invoices. (Invoices may be submitted once each month, or as negotiated.)
8. Sign a Contract before funds are delivered and comply with the terms and conditions therein for the duration of the project.
9. Have the authority to sign this application on behalf of my organization.

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|  |  |  |
| Printed Name of Authorized Agent |  | Title |
|  |  |  |
| Signature of Authorized Agent |  | Date |