Certification of Consistency with South Carolina Lowcountry Promise Zone Goals and Implementation

I certify that the proposed activities/projects in this application are consistent with the goals of the Promise Zone and the revitalization strategies detailed in the South Carolina Lowcountry Promise Zone application.

(Type or clearly print the following information)

Applicant Name: ____________________________________________

Name of the Federal Program to which the applicant is applying: ____________________________________________

The proposed project meets the following geographic criteria (please select one):

☐ The proposed project is solely within Promise Zone boundaries
☐ The proposed project includes the entire Promise Zone boundary and other communities
☐ The proposed project includes a portion of the Promise Zone boundary
☐ The proposed project is outside of the Promise Zone boundaries, but specific and definable services or benefits will be delivered within the Promise Zone or to Promise Zone residents

Please note that projects which substantially and directly benefit Promise Zone residents but which are not within the boundaries of the Promise Zone may be considered. Agencies will make clear the acceptable definition of substantially and directly beneficial in the program’s award and funding announcement.

I further certify that:

(1) The applicant is engaged in activities, that in consultation with the Promise Zone designee, further the purposes of the Promise Zones initiative; and
(2) The applicant’s proposed activities either directly reflect the goals of the Promise Zone or will result in the delivery of services that are consistent with the goals of the Promise Zones initiative; and
(3) The applicant has committed to maintain an on-going relationship with the Promise Zone designee for the purposes of being part of the implementation processes in the designated area.
(4) The applicant agrees to inform the Promise Zone if this grant is awarded or denied. For tracking and reporting purposes, applicant further agrees to provide on-going, timely and accurate performance data quarterly on all grant outcomes to the Promise Zone.

Name of the Grant Applicant authorized to request SC Lowcountry Promise Zone endorsement and authorized to certify that the project meets the above criteria to receive bonus points:

Title: ____________________________________________

Organization: ____________________________________________

Signature: ____________________________________________

Date (mm/dd/yyyy) ____________________________________________