**Business Development Grant**

**ATTACHMENT B – ASSURANCES**

|  |  |
| --- | --- |
| **Organization’s Name:** |  |

**My signature below indicates that I understand that if my organization is awarded funds under this application, I will sign a Contract before funds are delivered and comply with the terms and conditions therein for the duration of the project. This Contract will include the following:**

1. Agree to specific measurements that can identify the effectiveness of my project.
2. Provide proof of matching funds prior to release of grant funds as required by County.
3. Agree to a [Money-Back Guarantee on grant](http://www.goodjobsfirst.org/accountable-development/key-reforms-clawbacks) funds.
4. Allow Polk County to disclose limited organization information (non-proprietary) on the type and amount of grant awarded by Polk County, the benefits my organization 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 Polk County Board of Commissioners.)
7. Maintain sufficient resources on hand to cover project costs incurred between invoices. (Invoices may be submitted once each month, or as negotiated.)
8. Recognize Polk County Board of Commissioner’s contribution in all press releases, news articles, marketing materials, etc. related to the program or project accomplishments.

I certify that I have the authority to sign this application on behalf of my organization.

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