Logo, company name

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The Early Childhood Care and Education Capital Fund

**Property Owner’s Assurances**

*If the State Early Childhood Care and Education Capital Fund Grant applicant property is not owned by the applicant, these signed assurances must be uploaded to the online application.*

I have read the information contained in the grant application package and [the Early Childhood Care and Education Capital Fund Grant Guidelines](https://rules.sos.ri.gov/regulations/part/218-70-00-12), and I am willing to follow the rules and requirements of the Early Childhood Care & Education Capital Fund Facilities Grants. I certify that:

* I understand the purpose of this application, and agree to its submission to the Local Initiative Support Corporation (LISC) and the Rhode Island Department of Human Services (DHS);
* A valid lease or written agreement conforming to the requirements of LISC and DHS is in effect with the applicant as a condition of a grant award for this property;
* If a grant is awarded, I will sign an easement, thereby agreeing to preserve and maintain the rehabilitated property for use as an Early Learning Facility as defined in the Early Childhood Care and Education Capital Fund Rules and Regulations, for a term of 20 years from date of grant award;

Property Owner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Owner’s e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Owner’s phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of property referenced in this application:

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

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