Prioritization Attestation

To qualify for the Western NC Prioritization, applicants must be from counties that were designated, in whole or in part, by the United States Department of Housing and Urban Development as the most impacted and distressed counties from Hurricane Helene

Applicant County: Henderson

To qualify for the Western NC Prioritization, applicants must have a population of 300,000 or fewer based upon the 2023 Certified County Population Estimates from the State Demographer.

County Population per the State Demographer 2023 Report: 121023

Applicant attests that (i) the application for funds is for repair, replacement, or construction of equipment, buildings, or natural features due to damage or effects from Hurricane Helene, including capacity-building, and (ii) the amount of funds requested is the amount of unmet need above the amount paid by insurance and available federal aid.

Certification and Approval by Local Governing Board

☐ I hereby certify the information contained in the attached application is true and correct

Chief Elected Official
(Print or Type Name and Title)

Signature

NOTICE:

- **Receipt of Allocations:** A recipient of State funds under S.L. 2025-26 shall use best efforts and take all reasonable steps to obtain alternative funds that cover the losses or needs for which the State funds are provided, including funds from insurance policies in effect and available federal aid. State funds paid under S.L. 2025-26 are declared to be excess over funds received by a recipient from the settlement of a claim for loss or damage covered under the recipient's applicable insurance policy in effect or federal aid.
- **Remittance of Funds:** If a recipient obtains alternative funds, the recipient shall remit the funds to the State agency from which the State funds were received. A recipient is not required to remit any amount in excess of the State funds provided to the recipient under this act.

APPENDIX III: GRANT APPLICATION TEMPLATES

Certification and Approval by Local Governing Board

☐ I hereby certify the information contained in the attached application is true and correct and the required one dollar of matching funds for one dollar of grant funds will be available within three years of submitting the application. This application has been approved by the local governing board.

Chief Elected Official *(Print or Type Name and Title)*	Signature

If two local governments are applying together, this form must be completed and signed by each local government. One applicant must be identified by adding primary sponsor in the Local Government Name section.