

Duplication of Benefits and Additional Certification Form

Duplication of Benefit

As cited in the 2020 CARES Act, *“that, notwithstanding section 105(a)(8) of the Housing and Community Development Act of 1974 (42 U.S.C. 5305(a)(8)), the Secretary shall ensure there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance 1 Act (42 U.S.C. 5155) and in accordance with section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115–254; 132 Stat. 3442), which amended section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155)”*

Duplication of Benefits occurs when a beneficiary receives assistance from multiple sources for a cumulative amount that exceeds the total need for a particular recovery purpose. The amount of the duplication is the amount of assistance provided in excess of need. The Stafford Act requires a fact- specific inquiry into assistance received by each person, household, or entity.

- I/We, _____, affirm _____ **Business**
Name _____ **DID NOT** receive benefit from any other federal COVID 19 relief programs (i.e. Paycheck Protection Program (PPP), Economic Injury Disaster Loan (EIDL), SBA Relief Program, CARES Act unemployment benefit).

(NO FURTHER ACTION)

- I/We, _____, affirm _____ **Business**
Name _____ **DID NOT** receive benefit from any other federal COVID 19 relief programs (i.e. Paycheck Protection Program (PPP), Economic Injury Disaster Loan (EIDL), SBA Relief Program, CARES Act unemployment benefit) for the **exact SAME expenses** being requested from the Back the Burg Fund.

(COMPLETE THE TABLE ON PAGE 2)

I/We _____, affirm the following:

1. I/We have received the following COVID 19 assistance funds from _____ (what program) _____:

1 Source of Funding	2 Amount Awarded (\$)	3 Use of Funds	4 Verification of Award (✓) or (X)	5 Documentation of Expenditure (✓) or (X)	6 Amount Expended
a. Paycheck Protection Program					
b. Small Business Administration CARES Relief (SBA) Loan					
b. EIDL					
c. Private Funds					
d. _____					
Total					
Duplication of Benefits Total From Column 2 \$ _____:					
NOTES:					

By executing this Certification, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Dated this the ____ day of _____, 20____.

Applicant Signature

Date

Co-Applicant Signature

Date

Additionally, I/We, _____, affirm _____
Business Name

Certify the Business has no outstanding city, county, or federal debt

Certify the Business the Business has not been Debarred

Dated this the ____ day of _____, 20____.

Applicant Signature

Date

Co-Applicant Signature

Date

Instructions for Completing the Duplication of Benefits Certification Form

The CDBG funds which are being used to assist eligible applicants are subject to a Federal law which requires that the Program confirm that applicants have not already received financial assistance from other sources for the same activities for which the Program is providing assistance. The purpose of this form is to verify the amounts paid by insurance, government entities, and other funding sources to assure that assistance disbursed in this Program is not a Duplication of Benefits (DOB) the applicant received from other sources.

Column 1 List the Sources of Funding received by type (PPP, EIDL, SBA, Insurance, etc.). For insurance, list the name of each company and policy number.

Column 2 Indicate the amount of funding specified from each program received on the appropriate line in the second column. You may add as many additional lines as required.

Column 3 Indicate what the funds for each awarded program (mentioned in Column 1) and where Funds were expended.

Column 4 Indicate by checkmark (✓) that you have attached a copy of the corresponding documentation of the funds received (letter from funding source, copy of check, etc.)

Column 5 Indicate by checkmark (✓) that you have attached documentation of how the received funding was used (receipts)

Column 6 List the amount expended from each source.

Total all funding received (column 2). Subtract the total of all receipts for services or products directly related to those funds (Column 5). Any remaining funds will be considered Duplication of Benefits and will be subtracted from the program amount for which the applicant is eligible.

The applicant(s) must sign and date the form at the bottom of the page