



City of Jackson
Office of Economic Development
Special Economic Development Grant

BUSINESS NAME: _____

APPLICANT NAME: _____

DUPLICATION OF BENEFITS CERTIFICATION FORM

Duplication of Benefits 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 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) for the exact SAME expenses being requested from the Small Business Resiliency & Safe Practices Grant.

I/We, _____, affirm, _____ (Business Name), DID 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 Small Business Resiliency & Safe Practices Grant.

I/We, _____, affirm the following:

Dated this the ____ day of _____, 20____.

_____ (Applicant Signature) _____ (Date)

_____ (Co-Applicant Signature) _____ (Date)

I certify I am _____ and the owner of _____ located at _____.

I certify that I have authorized the execution and submission of this application.

Owner Name _____

APPLICANT SWORN TO AND SUBSCRIBED BEFORE ME, this ____ day of _____, 20____

(SEAL)

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____