



Duplication of Benefits Affidavit Hamilton County Community Development

Business Name: _____

Project for which receiving CDBG funds: _____

Brief Description of Project (Items reimbursed for): _____

Amount of CDBG funds received: _____

Part 1

Since the Duplication of Benefits (DOB) is prohibited under the federal Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), Hamilton County Community Development is required to document sources of funding to ensure the Duplication of Benefits does not occur.

This section identifies any sources of funds that the business has applied for or received as a result of the COVID-19 Pandemic, other than insurance. Sources of funds include but are not limited to: Federal, state, and local loan / grant programs, private or bank loans, nonprofit donations or loans. Please describe any assistance received as a result of the COVID-19 Pandemic:

I **HAVE RECEIVED** funding assistance from the following programs to assist in responding to the impact of the Covid-19 Global Health Crisis:

1. Lender / Grant Program Name:

Date received:

How are funds being used (please be specific):

2. Lender / Grant Program Name:

Date received:

How are funds being used (please be specific):

3. Lender / Grant Program Name:

Date received:

How are funds being used (please be specific):

I have **APPLIED FOR** funding assistance, and my application is **PENDING** from the following programs:

1. Lender / Grant Program Name:

Amount requested: \$

How will funds be used (please be specific):

2. Lender / Grant Program Name:

Amount requested: \$

How will funds be used (please be specific):

3. Lender / Grant Program Name:

Amount requested: \$

How will funds be used (please be specific):

Part 2: Certification

As a recipient of CDBG-CV funds, I assert that:

1. I will not apply for more funding than needed for the eligible activity or project for which CDBG-CV funds are provided. For example, if I require \$500 for the purchase of outdoor heaters and have \$100 available from another source, my funds from Hamilton County will be limited to \$400.
2. I understand that the duplication of benefits (DOB) is prohibited under the federal Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act).
3. I will immediately report to Hamilton County Community Development if I apply for or accept any financial assistance from other funding sources (federal, state, local, or private) that constitute a duplication of benefits received under the CDBG-CV Program.
4. I acknowledge that any duplication of funds may either have to be paid back to the County or that the grant funds may be reduced by a corresponding amount.
5. I understand that this affidavit is appended to and part of the applicable Agreement that the Applicant executes with the County for CDBG-CV funds and is a condition of the receipt of such funds.

I hereby certify that I have not received a duplication of benefits (DOB) for any CDBG-CV undertaking, and that the information on this form is complete and accurate. I understand that any willful misrepresentation on this application could result in a fine and/or imprisonment under United States Criminal Code U.S.C. Title 18, Section 1001. I also understand that if duplicate payment is made, the applicant is responsible for paying funds back to Hamilton County.

Signature: _____

Printed name: _____

Title of Business Representative: _____

Date: _____