



Affidavit Duplication of Benefit

Sample of content within the affidavit that needs to be incorporated with your application forms:

This affidavit must be completed by all businesses that have applied for and/or received any assistance from the CDBG CARES ACT Funding.

Assistance Programs being offered by *[insert administrative or sub-grantee entity]*. The information within this affidavit will provide the *[insert administrative or sub-grantee entity]* with vital information for processing the application required by the Stafford Act Section 312 on Duplication of Benefits.

Indicate with an "X" the program(s) for which your business is applying **and** any program your business has previously received funds from.

- Small Business and MicroEnterprise Assistance Program
- COVID-19 Impact Assistance
- Emergency Rental Assistance
- Emergency Assistance–Special Economic Development Assistance Program
- Emergency Assistance–Facilities Improvements
- Emergency Assistance–Public Services

Please Provide:

- A. Detail of activities that will be funded by this grant (*example activities include: materials for the month of July, 2020*):

- B. Identify the time period covered by the grant assistance (*Example: the month of December*):

- C. Total amount needed for activities (*Example: material cost/month = \$5,000–how much do you typically spend on this activity?*):

- D. How much assistance is being requested though the CDBG-CV program? (*Example: assistance requested is \$2,500*):

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E. Additional Funding Sources for this Project:

This section identifies any sources of funds that the business has received for the activities detailed within the time period declared above other than insurance as a result of the [**ie COVID-19 pandemic**].

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 indicate below the amount allocated to your business from any and all funding sources not. And provide documentation such as loan or grant agreements, award letters for each sources of funds acquired.

Source of Funds Example

Lender/Grant Provider Name Local CDFI
Purpose Raw material for November-December 2020
Amount \$7,500
Date Received Oct 30, 2020
Time period covered by this assistance: November - December

Type of Assistance:

- | | | |
|--|--|---|
| <input type="checkbox"/> Government Loan | <input checked="" type="checkbox"/> Government Grant | <input type="checkbox"/> Government Forgivable Loan |
| <input type="checkbox"/> Nonprofit Grant | <input type="checkbox"/> Nonprofit Loan | <input type="checkbox"/> Nonprofit Forgivable Loan |
| <input type="checkbox"/> Private Loan | <input type="checkbox"/> Other: _____ | |

Notes:

Source of Funds #1

Lender/Grant Provider Name _____
Purpose _____
Amount _____
Date Received _____
Time period covered by this assistance: _____

Type of Assistance:

- | | | |
|--|---|---|
| <input type="checkbox"/> Government Loan | <input type="checkbox"/> Government Grant | <input type="checkbox"/> Government Forgivable Loan |
| <input type="checkbox"/> Nonprofit Grant | <input type="checkbox"/> Nonprofit Loan | <input type="checkbox"/> Nonprofit Forgivable Loan |
| <input type="checkbox"/> Private Loan | <input type="checkbox"/> Other: _____ | |

Notes:

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Source of Funds #2

Lender/Grant Provider Name _____
Purpose _____
Amount _____
Date Received _____
Time period covered by this assistance: _____

Type of Assistance:

- Government Loan Government Grant Government Forgivable Loan
- Nonprofit Grant Nonprofit Loan Nonprofit Forgivable Loan
- Private Loan Other: _____

Notes:

Source of Funds #3

Lender/Grant Provider Name _____
Purpose _____
Amount _____
Date Received _____
Time period covered by this assistance: _____

Type of Assistance:

- Government Loan Government Grant Government Forgivable Loan
- Nonprofit Grant Nonprofit Loan Nonprofit Forgivable Loan
- Private Loan Other: _____

Notes:

Total of unmet need: The total of unmet need is the total amount of assistance listed under questions C subtracting the total amount of additional funding listed in section E.

Total of unmet need= Section C – Section E
(Example: For December; \$5,000 - \$2,500 = \$2,500 of unmet need)

Signature:

By executing this Affidavit, Applicant(s) acknowledge and understand that:

This grant is subject to Robert T. Stafford Act (42 U.S.C.5155) of which a repayment of the assistance would be required if the assistance is determined to be duplicative.

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

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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 (Affiant) Signature Print

Applicant name (Affiant)

Joint Applicant (Affiant) Signature Print

Joint Applicant name (Affiant)