



Duplication of Benefits Affidavit

Date: _____ DUNS Number: _____

Business/Organization Name: _____

Part 1

This section identifies any sources of funds that the CDBG-CV applicant has applied for or received as a result of the COVID-19 Global Health Crisis 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 mark any of the boxes below which apply to your business/organization regarding any prior assistance:

I HAVE NOT applied for or received funding assistance from Federal, state, local programs or from other sources.

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: _____

Amount requested: \$ _____

Amount received: \$ _____

Date received: _____

How funds are being used (please be specific): _____

2) Lender/Grant Program Name: _____

Amount requested: \$ _____

Amount received: \$ _____

Date received: _____

How funds are being used (please be specific): _____

3) Lender/Grant Program Name: _____

Amount requested: \$ _____

Amount received: \$ _____

Date received: _____

How funds are 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 funds are being used (please be specific): _____

2) Lender/Grant Program Name: _____

Amount requested: \$ _____

How funds are being used (please be specific): _____

3) Lender/Grant Program Name: _____

Amount requested: \$ _____

How funds are being used (please be specific): _____

Part 2: CERTIFICATION

As a recipient of CDBG-CV funds under the applicable Agreement, 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.
2. I understand that 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 the City of Great Falls office of Planning and 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 Programs.
4. I acknowledge that any duplication of funds may either have to be paid back to the City 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 City for CDBG-CV funds and is a condition of the receipt of such funds.

Date: ____/____/____

Applicant signature: _____

Applicant printed name: _____