

# Duplication of Benefits Affidavit

Date:

Business Name:

DUNS Number:

## Part 1

This section identifies any sources of funds that the business 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 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 will be used (please be specific):

2) Lender/Grant Program Name:

Amount requested:

How funds will be used (please be specific):

3) Lender/Grant Program Name:

Amount requested:

How funds will be used (please be specific):

## Part 2: CERTIFICATION

As a recipient of a 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. For example, if I have \$100 available from another source towards each monthly gas bill and I am applying for SBG funds to pay for my total monthly gas bill of \$500, SBG funds will be limited to \$400 per month for up to three months.
2. I understand that duplication of benefits (DOB) are prohibited under the federal Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act).
3. I will immediately report to the City of Medford's Office of 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 Microenterprise and Small Business Relief Grant 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 Business Applicant executes with the City for CDBG-CV funds and is a condition of the receipt of such funds.

**I certify that the information that I have provided above is an accurate and complete disclosure. I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.**

Date: \_\_\_\_/\_\_\_\_/2020

Business Applicant signature:\_\_\_\_\_

Business Applicant printed name:\_\_\_\_\_