



## DUPLICATION OF BENEFITS AFFIDAVIT

COMMUNITY PLANNING AND DEVELOPMENT ACTIVITY

2201 University Boulevard | Tuscaloosa, AL 35401 | Phone: 205.248.5080 | Fax: 205.349.0135 | www.tuscaloosa.com

Date	Business/Individual Name	DUNS Number

### Part One – Funding Sources

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 RECIEVED funding assistance from the following programs that will be used in conjunction with the proposed activity/project. *(if more than 2, please attach separate page with additional funding)*

Source #1	Amount Requested	Amount Received	Date Received

How will funds be used? (please be specific)

Source #2	Amount Requested	Amount Received	Date Received

How will funds be used? (please be specific)

I HAVE APPLIED for funding assistance from the following programs that will be used in conjunction with the proposed activity/project and my application is pending. *(if more than 2, please attach separate page with additional funding)*

Source #1	Amount Requested	Date Applied	Anticipated Award Date

How will funds be used? (please be specific)

Source #2	Amount Requested	Date Applied	Anticipated Award Date

How will funds be used? (please be specific)

### PART TWO - Certification

As a recipient of a CDBG-CV, CDBG, or HOME 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 funds are provided.
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 Tuscaloosa Office of Community & Neighborhood Services 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 any Community Development Program.
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 CPD 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.**

Applicant Printed Name	Title	Signature	Date