



CDBG-CV DUPLICATION OF BENEFITS CERTIFICATION

The funding program to which you are applying (CDBG-CV) requires verification of additional financial assistance to comply with The Robert T. Stafford Disaster Relief and Emergency Assistance Act, (Stafford Act Section 312 42 U.S.C. 5121–5207) which prohibits federal agencies from providing assistance to any person, business concern, or other entity for “any part of such loss as to which he has received financial assistance under any other program or from insurance or any other source.”

Business Name: _____ Date: _____

Applicant Name: _____

I/We, _____, affirm the following:

I/We own the private for-profit business _____,

at its principal place of business _____,

and make this Affidavit in connection with Community Development Block Grant (CDBG) assistance by the Commonwealth of Pennsylvania, Department of Community and Economic Development (DCED).

- 1) Due to the coronavirus pandemic that began in February, 2020, our Business at the above address sustained \$ _____ in damages or losses due to the direct effects of the coronavirus, public laws enacted to prevent the coronavirus, and efforts to mitigate the spread of coronavirus.

These damages or losses can be verified by approved source documentation (verification documents will be determined by DCED and must be attached).



2) I/We have received the following recovery assistance funds as the result of the coronavirus pandemic. This is a listing of all funds related to the pandemic which I/we have received after January 2020.

Assistance	Amount	Use of Funds
Insurance	\$	
FEMA Disaster Relief Program	\$	
SBA Paycheck Protection Program	\$	
SBA Economic Injury Disaster Loan	\$	
SBA Express Bridge Loan	\$	
SBA Debt Relief Program	\$	
Coronavirus Relief Fund (US Treasury)	\$	
Economic Impact Payment (US Treasury)	\$	
Supplemental EAA (EDA)	\$	
Other (please name):	\$	
Other (please name):	\$	
Other (please name):	\$	
Total	\$	

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

I/We have received no other assistance funds other than that set forth above.

I/We certify under penalty of perjury that all information provided as part of this application is true and correct to the best of my knowledge. I give my consent to the sponsoring organization considering this application to use the information provided herein for the purpose of (grant or loan) consideration.

Business Owner Signature

Date

Business Owner Name/Title

Business Owner Signature

Date

Business Owner Name/Title