# CDBG-DR Duplication of Benefits Certification/Affidavit (HRPP)

INSTRUCTIONS

Read each component in full and provide accurate information. The abovementioned DOB Certification/Affidavit forms include two levels of attestation. Signatures *certifying* the Applicant-provided information as accurate are required at the time of application for CDBG-DR funding, or as otherwise requested by DED. Notarization is optional at the time of application. Once notarized, the certification of information within the form functionally converts the DOB Certification to a DOB *Affidavit*.1 You must sign Part 3 in the presence of a notary public and your notarized signature is required prior to program launch.

This Certification/Affidavit is intended to verify all funding assistance an applicant has received in connection with Winter Storm Ulmer (DR-4420) to eliminate any DOB. Pursuant to Section 312 of the Stafford Act, as amended by the Disaster Recovery Reform Act of 2018 (DRRA), and the Office of Management and Budget (OMB) Cost Principles outlined in 2 CFR Part 200. A DOB analysis is required for projects receiving United Sates (US) Department of Housing and Urban Development (HUD) Community Development Block Grant-Disaster Recovery (CDBG-DR) support to ensure that no person, business concern or other entity will receive duplicative assistance and imposes liability to the extent such assistance duplicates benefits available to the person for the same purpose from another source (42 USC § 5155(a) and (c). Because assistance to each person or entity varies widely based on insurance coverage and eligibility for Federal funding, recipients cannot comply with the Stafford Act without completing a DOB analysis specific to each Subrecipient and applicant.

Subrecipients and applicants must report all assistance they have received for a project from such sources as Federal Emergency Management Agency (FEMA); insurance; other State, local, or Federal programs; and private or nonprofit charitable organizations. Any funds received from these sources for this project must be considered when the amount of the CDBG-DR grant is determined. While inclusion in a long-term capital plan does not constitute a DOB, if a project has been included in the Subrecipient’s or applicant’s annual budget, there may be DOB. If funds become available for a project in the future such that some or all the CDBG-DR funds budgeted for the project would constitute a DOB, those CDBG-DR funds will be disallowed or, if outlaid, must be returned to the Nebraska Department of Economic Development (DED). Please consult with DED staff if you have any questions regarding whether a potential DOB exists. Please use the chart below to describe the funds the Subrecipient/Applicant has received and/or committed for the project and fill out a dollar amount for all rows. If funds have not been received or are anticipated from a source, complete the field with zero dollars.

This Certification/Affidavit is divided into three components:

1. Assistance received from other disaster recovery assistance programs;
2. Attachments; and
3. Signature(s).

Part 1. Assistance Received from Other Disaster Recovery Programs

This Certification/Affidavit must be completed by all applicant(s) that have applied for or received any assistance from the Community Development Block Grant – Disaster Recovery (CDBG-DR) funded Housing Resilience Planning Program (HRPP) offered by the Nebraska Department of Economic Development (DED). The information in this Certification/Affidavit will provide DED with vital information for conducting a DOB review consistent with applicable Federal law.

To complete the table below, indicate the program(s) from which you have previously applied, received funding from, or anticipate receiving funds from. If you have received or anticipate receiving funds for the same purpose as the Housing Resilience Planning Program and the funding source is not listed, there are “other” rows at the end of the table below for those programs to be added.

| Source of Assistance | Purpose of Funds | Application Number and Current Status of Funds | Grant or Loan $ Amount |
| --- | --- | --- | --- |
| Insurance |  |  |  |
| Federal Emergency Management Agency (FEMA) Public Assistance (PA) |  |  |  |
| FEMA Individual Assistance (IA) |  |  |  |
| FEMA Hazard Mitigation Grant Program (HMGP) |  |  |  |
| Coronavirus Aid, Relief, and Economic Security Act (CARES Act) |  |  |  |
| American Rescue Plan (ARP) |  |  |  |
| Army Corps of Engineers |  |  |  |
| State of Nebraska |  |  |  |
| Other 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Other 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

Part 2. Attachments

Attached to this certification/affidavit are copies of acceptable documentation for each of the above-referenced sources of funds received as a result of the March 9, 2019 – July 14, 2019, presidentially-declared disaster, Winter Storm Ulmer (DR-4420).

Part 3. Signature(s)

Choose one of the following options: **Certification**, for applicants not able to sign with a notary at this time, or **Affidavit**, for applicants able to sign with a notary.

**CERTIFICATION**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

) ss.

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affirm that the information I have provided in the above certification and in the attached documents are true and accurate to the best of my knowledge.I understand that if this information is not correct, it may affect the amount of any funds I may receive or may lead to the recapture of disbursed funds by DED or HUD.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of applicant ex: county, city, or village)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Representative Printed Name/Title (Chief Elected Official)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature (Chief Elected Official)

Dated this the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_.

**AFFIDAVIT**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

) ss.

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affirm that the information I have provided in the above certification/affidavit and in the attached documents are true and accurate to the best of my knowledge.I understand that if this information is not correct, it may affect the amount of any funds I may receive or may lead to the recapture of disbursed funds by DED or HUD.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of applicant ex: county, city, or village)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Representative Printed Name/Title (Chief Elected Official)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature (Chief Elected Official)

Dated this the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_.

SUBSCRIBED AND SWORN TO before me, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name, Title) this, the \_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_, to certify which witness my hand and official seal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public State of Nebraska - Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Notary’s Commission Expires

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY SEAL

**WARNING:** The information provided on this affidavit is subject to verification by the State of Nebraska and HUD at any time. Title 18, Section 1001 of the US Code states that knowingly and willingly making a false or fraudulent statement to a department of the US Government can result in termination of assistance and civil and criminal penalties.