# Updated CDBG-DR Duplication of Benefits Calculation Form

Subrecipient or Successful Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary Applicant Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Question** | **Answer** | **Instructions** |
| --- | --- | --- |
| 1. Enter Applicant's Total Need | $ - | Enter amount |
| 2. Enter Total Assistance Available (if none, enter 0) |  | Fill with 0 if none; leave blank if assistance is available. Provide list of sources and assistance in rows 2.a – 2.e. |
| 2.a (Source) | $ - | Enter source and amount |
| 2.b (Source) | $ - | Enter source and amount |
| 2.c (Source) | $ - | Enter source and amount |
| 2.d (Source) | $ - | Enter source and amount |
| 2.e (Source) | $ - | Enter source and amount |
| 2.f Subtotal | $ - | Formula = 2.a - 2.e |
| 3. Enter the Amount of Total Assistance to Exclude as Non-duplicative. | $ - | Enter amount. |
| Explanation of non-duplicative funds: |  | Example: $15,000 was private insurance for inventory replacement. This grant covers operating costs only. |
| 4. Total DOB Amount (Item 2 minus Item 3) | $ - | Formula = 2.f - 3 |
| 5. Maximum request (Item 1 minus Item 4) | $ - | Formula = 1 - 4 |
| 6. Program cap (if applicable) | $ - | Enter amount |
| 7. Final request (lesser of Items 5 and 6) | $ - | Chose the lesser of costs identified in 5 and 6. |

Form Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_