

NEBRASKA

**Duplication of Benefits (DOB)  
Policies and Procedures**  
*Community Development Block Grant –  
Coronavirus (CDBG – CV)*

Version 1.0 | March 2022

## RECORD OF CHANGES

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This section describes changes made to this document: when they were made, what they were, and who authorized them.

| Number | Date                          | Description                      | Initials                         |
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## DEFINITIONS

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- **Action Plan:** The State of Nebraska 2019 Annual Action Plan (AAP) including the CDBG-CV Program funds has been submitted to and approved by HUD in fulfillment of the requirements of the CARES Act. There were two substantial amendments to the 2019 AAP in June 2020 and October 2020, which were submitted to HUD electronically to address funding for COVID-19 activities.
- **Beneficiary:** A person or entity that receives a benefit from CDBG-CV program funds administered by the recipient of said funds, the State of Nebraska (grantee),<sup>1</sup> or local government.
- **CARES Act:** The Coronavirus Aid, Relief, and Economic Security (CARES) Act (2020) provided fast and direct economic assistance for American workers, families, small businesses, and industries.
- **CDBG-CV:** A \$5 billion allocation of the CARES Act for the Community Development Block Grant (CDBG) program to provide grants to states, insular areas, and local governments to prevent, prepare for, and respond to the spread of COVID-19.
- **DED:** Nebraska Department of Economic Development.
- **DOB:** A **Duplication of Benefits (DOB)** occurs when a beneficiary receives assistance, and the assistance comes from multiple sources (e.g., private insurance, FEMA, NFIP, non-profits, etc.), and the total assistance amount exceeds the need for a particular recovery purpose.
- **DOB Funds:** Money received for the same purpose that has already been reimbursed or paid for by another source.
- **DOB Gap Funds:** Funding available from CDBG-CV to meet the difference between demonstrated need and previously paid funds.
- **DOB Review:** The process of analyzing all recovery assistance utilized to ensure it does not provide duplicative funds for eligible activities administered by subrecipients and/or subgrantees under the CDBG-CV Economic Development and Emergent Threat Programs and recipients under the Coronavirus Related Emergency Payments Program.
- **DOB Test:** The process of declaration of benefits by subrecipients and/or subgrantees and households and verification, as applicable, by DED or its local government subrecipients under the CDBG-CV Economic Development and Emergent Threat Programs and by UNL for the Coronavirus Related Emergency Payments Program.
- **Exclusions:** Funding sources received by a Program subrecipient and/or subgrantee under the CDBG-CV Economic Development and Emergent Threat programs or a household under the Coronavirus Related Emergency Payments Program that are excluded from the DOB calculation, including amounts that are (1) provided for a different purpose; or (2) provided for the same purpose (eligible activity), but for a different, allowable use (cost).

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<sup>1</sup> <https://dictionary.findlaw.com/definition/beneficiary.html>

- **Grant:** An award of financial assistance, including cooperative agreements, in the form of money, or property in lieu of money, by the Federal Government to an eligible grantee. The term does not include technical assistance which provides services instead of money, or other assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct appropriations. Also, the term does not include assistance, such as a fellowship or other lump sum award, which the grantee is not required to account for.
- **Grantee:** The State of Nebraska DED is the recipient of a grant awarded by HUD and is accountable for the use of the funds provided. For the purposes of the Coronavirus Related Emergency Payments Program, DED is the Unit of Local Government of the CDBG-CV funds, UNL is the Grantee, and the non-profits are subrecipients working directly with beneficiaries.<sup>2</sup>
- **HMIS:** A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care (CoC) is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.<sup>3</sup>
- **HUD:** The U.S. Department of Housing and Urban Development (HUD) is responsible for national policy and programs that address America's housing needs, that improve and develop the nation's communities and enforce fair housing laws.
- **Federal Register:** The official journal of the United States Government that contains government agency rules, proposed rules, and public notices issued by federal administrative agencies.
- **FEMA:** The U.S. Federal Emergency Management Agency (FEMA) coordinates federal responses to a disaster that has occurred in the United States and that overwhelms the resources of local and state authorities.
- **Recipient:** 24 CFR §6.3 defines recipient as any State, political subdivision of any State, or instrumentality of any State or political subdivision; any public or private agency, institution, organization, or other entity; or any individual, in any State, to whom Federal financial assistance is extended, directly or through another Recipient, for any program or activity, or who otherwise participates in carrying out such program or activity, including any successor, assign, or transferee thereof. Recipient does not include any ultimate beneficiary under any program or activity.<sup>4</sup>
- **SBA:** The U.S. Small Business Administration (SBA) is an independent agency of the federal government to aid, counsel, assist and protect the interests of small business concerns.
- **Subrecipient:** CDBG regulations at [24 CFR §570.500\(c\)](#) define a subrecipient and a **subgrantee** as: a local government entity, public or private nonprofit agency, authority, or organization, or a for-profit entity authorized under [§570.201\(o\)](#), receiving CDBG funds from the recipient or another subrecipient to undertake eligible activities. The term excludes an entity receiving CDBG funds

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<sup>2</sup> <https://www.ecfr.gov/current/title-24/subtitle-A/part-5>

<sup>3</sup> <https://www.hudexchange.info/programs/hmis/>

<sup>4</sup> [24 CFR § 6.3](#)

from the recipient under the authority of [§570.204](#), unless the grantee explicitly designates it as a subrecipient.<sup>5</sup>

- **Subrogation:** The process by which duplicative assistance paid to the subrecipient and/or subgrantee or Coronavirus Related Emergency Payments Program recipient after receiving an award are remitted to the Program to rectify a DOB.
- **Total Assistance:** Total assistance includes resources received by CDBG-CV Economic Development and Emergent Threat Program subrecipients and/or subgrantees and Coronavirus Related Emergency Payments Program households, such as cash awards, insurance, proceeds, grants, and loans received by or available to each entity, including awards under local, state, or federal programs, and from private or nonprofit charity organizations. Total assistance does not include personal assets such as money in a checking or savings account, retirement accounts, credit cards and lines of credit, in-kind donations, and private loans.
- **Total Need:** The total need for a recovery purpose includes all needs and parameters of necessary activities current to the CDBG-CV Economic Development and Emergent Threat Program subrecipient and/or subgrantee and Coronavirus Related Emergency Payments Program household and is determined without regard to program-specific grants. For example, rehabilitation, reconstruction, or new construction activities should determine need based on construction cost estimates.
- **Unmet Need:** When total need for eligible activities is more than total assistance for the same purpose, the difference between these amounts is an unmet need.
- **UNL:** DED contracted with the University of Nebraska-Lincoln (UNL) to serve as the grantee for the Coronavirus Related Emergency Payments Program.
- **USDA:** The United States Department of Agriculture (USDA) is the federal agency that proposes programs and implements policies and regulations related to American farming, forestry, ranching, food quality, and nutrition.

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<sup>5</sup> [24 CFR §570.500\(c\)](#)

## INTRODUCTION

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These policies and procedures are intended to describe in detail the process for determining if the recipients under the Coronavirus Related Emergency Payments Program and subgrantees and/or subrecipients and their beneficiaries under additional CV Programs, have a duplication of benefits (DOB) when the Nebraska Department of Economic Development (DED) releases U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant – Coronavirus (CDBG-CV) funding to assist in their unmet need. HUD defines a DOB as occurring when, “Federal financial assistance is provided to a person or entity through a program to address losses resulting from a Federally declared emergency or disaster, and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.”<sup>6</sup>

## CARES ACT

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (Public Law 116-136) provides that the Secretary of HUD shall ensure there are adequate procedures in place to prevent any DOB as required by section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155), as amended by section 1210 of the Disaster Recovery Reform Act of 2018. HUD requires that DED have policies and procedures in place to prevent the DOB when it provides financial assistance to recipients under the Coronavirus Related Emergency Payments Program and other program subrecipients, subgrantees and/or beneficiaries with CDBG-CV funds. Grant funds may not be used to pay for a particular cost if another source of financial assistance is available to fully pay for that same cost.<sup>7</sup>

## ACTION PLAN AMENDMENT

The State of Nebraska was awarded \$14,130,912 by HUD in CDBG-CV funds to prevent, prepare for, and respond to the novel Coronavirus (COVID-19). DED is administering the CDBG-CV funds and is responsible for updating the State’s Annual Action Plan detailing CDBG-CV activities and allocations.

DED’s 2019 Annual Action Plan (AAP) was amended to incorporate the CARES Act funding to address COVID-19. The amendment was made electronically available on DED’s website on May 22, 2020. The public notice was distributed electronically via email to local officials, developers, non-profit organizations, development districts, the Nebraska Commission of Housing and Homelessness, and the Continuum of Care providers throughout the state. The public notice was also published in three local newspapers. The notice informed the public about the comment period (May 26 – May 30, 2020) and the virtual public hearing held on May 28, 2020. Due to the need to expedite action to address COVID-19, HUD issued a waiver for grantees to reduce the public comment period from 30 days to 5 days.

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<sup>6</sup> U.S. Department of Housing and Urban Development CDBG-CV Notice FAQs, August 27, 2020, page 22, <https://www.hud.gov/sites/dfiles/CPD/documents/CDBG-CV-Notice-FAQs-OBGA-082720-TOC.pdf>

<sup>7</sup> U.S. Department of Housing and Urban Development CDBG-CV COVID-19 Fact Sheet, Updated: July 10, 2020, page 2-3, <https://www.hud.gov/sites/dfiles/CPD/documents/CDBG-CV-FAQs-071020-final.pdf>

As a result of the amended AAP, DED has outlined the following three CDBG-CV programs (CDBG-CV Programs) where household beneficiaries under the Coronavirus Related Emergency Payments Program and other program subrecipients, subgrantees and/or beneficiaries can seek CDBG-CV assistance as a result of the impacts of COVID-19:

- Economic Development
- Emergent Threat
- Coronavirus Related Emergency Payments

DED works to prevent DOB by having an awareness of the unmet needs, collecting documentation, and conducting on-going discussions with UNL, subrecipients, subgrantees, Coronavirus Related Emergency Payment Program recipients, and beneficiaries that may have received other funding as a result of COVID-19. Procedures for addressing potential DOB are incorporated into the design and administration of projects and programs. At a minimum, these procedures include required actions for (see [HUD](#) for additional guidance):

- Verifying all sources of COVID-19 assistance
- Determining the amount of the unmet need before determining or awarding assistance
- Ensuring beneficiaries enter a signed agreement to repay the assistance if they later receive other disaster assistance for the same purpose
- Identifying a method to monitor compliance with the terms of the agreement for a reasonable period
- Identifying the personnel or entity responsible for carrying out the DOB review
- The completion and retention of documentation demonstrating the review process in compliance with CDBG-CV record keeping requirements

## ROLES AND RESPONSIBILITIES

DED, UNL under the Coronavirus Related Emergency Payments Program, and other program subrecipients, subgrantees and/or beneficiaries are required to perform a DOB review and verification for the CDBG-CV Programs and use of CDBG-CV funds. Roles and responsibilities differ depending on the type of CDBG-CV Program. The following details the roles and responsibilities of each program.

### ECONOMIC DEVELOPMENT AND EMERGENT THREAT PROGRAM

Implementation of the Economic Development and Emergent Threat Programs are at the subrecipient and subgrantee level, where DOB checks are first reviewed and verified by the subrecipient. The subrecipient shall work with its beneficiaries by providing a self-certification indicating any funds they have received and for what activities. Both the subrecipient or beneficiary are responsible for completing a questionnaire listing potentially duplicative assistance that they have already received or anticipate receiving, which is then submitted to DED for their review. DED provides sample DOB forms for subrecipients to use to identify all available and duplicative assistance.



## CORONAVIRUS RELATED EMERGENCY PAYMENTS

DED is responsible for administration of the Coronavirus Related Emergency Payments Program. DED, UNL, and other program subrecipients, and/or beneficiaries are responsible for completing all DOB reviews and verifications. DED submitted a substantial amendment to the 2019 AAP in October 2020 which changed the method of distribution for DED to act as the Unit of Local Government in distribution of subsistence payments. The award was made and contracted to UNL to serve as the grantee. UNL subgrants the CDBG-CV funds to five non-profit organizations (subgrantees) located throughout the CoC service area, known as the Balance of State. Both UNL and subgrantees use the Homeless Management Information System (HMIS) which cross checks funds made through other service providers. Every household is required to sign a separate attestation willfully acknowledging that no payments are being received for the same service, at the same time, in the same occurrence, with penalty of perjury. Eligible households apply for CDBG-CV funds through the subgrantee, once qualified and DOB has been assessed, payments are made to the third-party debt holder which includes and is limited to rent, mortgage, and utilities.

## DUPLICATION OF BENEFITS CALCULATION

The final award amount is calculated by subtracting the duplicative assistance from the proposed activity. All CDBG-CV programs follow the same DOB calculation approach. The following is an example of a DOB calculation:

*Table 1. Award Calculation Example*

|  |          |
|--|----------|
| 1. Identify Total Need (need based on the type of program)                           | \$5,000  |
| 2. All potentially duplicative assistance (FEMA, State assistance, non-profit grant) | \$100    |
| 3. Assistance determined duplicative (e.g., received rent assistance)                | \$50     |
| 4. Maximum eligible award (1 less 3)   | \$4,950  |
| 5. <i>Program Cap (if applicable)</i>  | \$10,000 |
| 6. Lesser of Maximum Eligible Amount or Program Cap = Total Award Amount             | \$4,950  |

CDBG-CV Program assistance needs are calculated at a point in time. As a result, subsequent adjustments may occur that affect the need of recipients under the Coronavirus Related Emergency Payments Program and other program subrecipients, subgrantees and/or beneficiaries. If, after the assistance has been calculated and/or a CDBG-CV award has been made, and the Coronavirus Related Emergency Payments Program recipient or the subrecipient, subgrantee, or beneficiary under the CDBG-CV Economic

Development or Emergent Threat Program demonstrates a change in circumstances, then the award calculation may be subsequently re-evaluated.

If DED, UNL, and/or subrecipient later determines that recipients of CDBG-CV funds have received additional assistance or did not disclose all assistance received, the award will be reduced or modified to account for the additional funds received. If the subrecipients and/or beneficiaries knowingly did not disclose all provided assistance, the award can be rescinded, and assistance be deemed ineligible for the CDBG-CV Program.

## DOB VERIFICATION

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Prior to providing or awarding CDBG-CV funds, DED conducts a DOB verification for each project or program to be funded by CDBG-CV funds, as required by the CARES Act.

Suitable documentation is dependent on the source of the DOB, but may include award letters from federal agencies, funding commitment letters from non-profits, and governmental loan documents (e.g., award letter from SBA). DOB source documentation is added to the program or project file and retained in accordance with the CDBG-CV record retention requirements.

## ECONOMIC DEVELOPMENT – DOB VERIFICATION PROCEDURES

The CDBG-CV Economic Development Program is required to verify DOB for all payments to support new businesses, business expansion to create jobs and manufacture medical supplies necessary to respond to infectious disease, and to avoid short-term job loss related to enable job retention of LMI persons. Program subrecipients, subgrantees and/or beneficiaries of DED are responsible for verifying all potential DOB. DED will then confirm the verification. DED, subrecipients, subgrantees, and beneficiaries shall complete the following steps:

1. Subrecipients, subgrantees, and beneficiaries determine CDBG-CV Economic Development Program activity eligibility and the business's need.
2. Calculate the beneficiary's total need for assistance.
3. Review DOB Affidavit and DOB Certification form for sources of assistance for the same purpose as the CDBG-CV Economic Development Program.
4. Verify potentially duplicative assistance by ensuring documentation is complete and shows total award amounts. If necessary, sources of potential duplicative assistance shall be verified by contacting the source of assistance or accessing data through a data sharing agreement or memorandum of understanding.
5. Calculate the total assistance determined to be duplicative. The maximum eligible award amount is the total need less assistance determined to be duplicative.
6. Total award amount is the lesser of the maximum eligible award amount and the program cap (\$1,000,000 for CDBG-CV project costs).

## CORONAVIRUS RELATED EMERGENCY PAYMENTS - DOB VERIFICATION PROCEDURES

The CDBG-CV Coronavirus Related Emergency Payments Program is required to verify the DOB for rental, mortgage, utility assistance, and any other assistance provided through the program. DOB occurs when a household receives financial assistance from multiple sources for the same purpose (e.g., the beneficiary receives rental or mortgage payments for the same month), and the total assistance received for that purpose is more than the total need for assistance. To conduct the verification review, DED, UNL, and other program subrecipients, subgrantees and/or beneficiaries shall complete the following steps:

1. Review monthly rent/mortgage statement, utility bills, COVID-related impact documentation.
2. Calculate the beneficiary's total need for assistance (available for up to three (3) months of consecutive payments to the provider).<sup>8</sup>
  - a. Maximum payment is for six (6) consecutive months; however, if in arrears more than one month, consider assistance on a case-by-case basis for up to six (6) consecutive months to make current and avoid eviction or foreclosure.<sup>9</sup> Can be any combination but no more than one-month in advance.
  - b. All other costs, fees, taxes including property taxes, mortgage insurance, penalties, if listed on the mortgage statement are eligible for payment through this program. Lot rentals of owned manufactured homes are eligible for assistance.
  - c. Rental late fees are limited to 10% of monthly rent.
3. Calculate the total of all potential duplicative assistance for the same purpose as the Coronavirus Related Emergency Payments Program. Focus will be on assistance under the Emergency Rental Assistance Programs authorized by subsequent Federal appropriations legislation.
4. Assistance received and reported through the completed UNL DOB forms (**see Appendix C**) for the same purpose as the Coronavirus Related Emergency Payments Program will be compared to what is reported in the HMIS system.
5. Verify potentially duplicative assistance by ensuring documentation is complete and shows total award amounts. If necessary, sources of potential duplicative assistance shall be verified by contacting the source of assistance or accessing data through a data sharing agreement or memorandum of understanding.
6. Staff calculates the total assistance determined to be duplicative. The maximum eligible award amount is the total need less assistance determined to be duplicative.
7. The maximum eligible award amount is the total award amount.

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<sup>8</sup> Reasonable homeowner and rental assistance are defined as mortgage (and other eligible mortgage statement costs) below 150% of applicable Fair Market Rent for units of the same size in jurisdiction. For more information, see the [Appendix B: Housing Assistance Common Fund - CDBG-CV COVID-19 CDBG Program Guidelines](#).

<sup>9</sup> Appendix B: Housing Assistance Common Fund - CDBG-CV: COVID-19 CDBG Program Guidelines

## EMERGENT THREAT – DOB VERIFICATION PROCEDURES

The CDBG-CV Emergent Threat Program is required to verify DOB for all payments for public facilities and public services projects that prevent, prepare for, and respond to COVID-19. Subrecipients, subgrantees and/or beneficiaries of DED are responsible for verifying all potential DOB. DED will then confirm the verification. DED, subrecipients, subgrantees and beneficiaries shall complete the following steps:

1. Determine CDBG-CV Emergent Threat program activity eligibility and the need.
2. Calculate the beneficiary's total need for assistance.
3. Review DOB Affidavit or DOB Certification form for sources of assistance for the same purpose as the CDBG-CV Emergent Threat Program.
4. Verify potentially duplicative assistance by ensuring documentation is complete and shows total award amounts. If necessary, sources of potential duplicative assistance shall be verified by the source of duplicative assistance by contacting the source of assistance or accessing data through a data sharing agreement or memorandum of understanding.
5. Calculate the total assistance determined to be duplicative. The maximum eligible award amount is the total need less assistance determined to be duplicative.
6. Total award amount is the lesser of the maximum eligible award amount and the program cap (\$450,000 for CDBG-CV Emergent Threat project costs).

## DOB POTENTIAL SOURCES

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To complete the DOB and maximum award calculation, DED is required to collect documentation from household beneficiaries under the Coronavirus Related Emergency Payments Program and other program subrecipients, subgrantees and/or beneficiaries that provides sufficient reasonable evidence of the total need, total assistance, and exclusions. Potential funding sources for the CDBG-CV Programs that may qualify as duplicative assistance may include but are not limited to those outlined in **Table 2: Summary of Potential DOB Sources by Program**.

**Table 2: Summary of Potential DOB Sources by Program**

|  | Emergent Threat   |   | Economic Development                         | Coronavirus Related Emergency Payments                         |
|--|---|---|--|--|
|  | Public Facilities   | Public Services   |  |  |
| Program Areas                              | Includes Acquisition, New Construction, Rehabilitation, and Other Improvements (e.g., testing and treatment facility construction, building rehabilitation to establish an infectious disease treatment clinic, etc.) | Includes Existing Services Expansion and New Space Creation (e.g., increasing capacity and availability of targeted services, meal programs, food banks, Meals on Wheels, etc.) | Includes Assistance to Businesses            | Includes Housing-related Assistance, Planning Activities, etc. |
| Potential Sources for Duplicate Assistance | FEMA (Disaster Relief Funding), NFIP, EDA   | FEMA (Public Assistance Program Cat B), USDA (Summer Food Program, Child Nutrition Program, WIC, Emergency Food Assistance Program), EDA  | SBA, US Dept of Treasury, IRS, Dept of Labor | Treasury ERAP FEMA, HOME, NFIP, HOPWA-CV, Ryan White           |

## CONTRACT PROVISIONS AND REQUIRED FORMS

Program subrecipients, subgrantees and/or beneficiaries under the Economic Development and Emergent Threat Programs must complete the below forms and submit to DED via email at [ded.cdbgcv@nebraska.gov](mailto:ded.cdbgcv@nebraska.gov).

- CDBG-CV Duplication of Benefits Affidavit
- CDBG-CV Duplication of Benefits Certification
- CDBG-CV Subrogation Agreement

UNL, subrecipients, subgrantees and beneficiaries under the Coronavirus Related Emergency Payments Program must complete the UNL forms (*located in Appendix C*) and submit them as directed by UNL and DED .

Subrecipients, subgrantees and beneficiaries must also address the requirement of these forms within their local CDBG-CV program policies and procedures.

When documenting DOB analysis, DED acknowledges that they cannot rely on certification alone for proof of other sources of funds for the same purpose (unless authorized by 84 FR 28836, see section Multiple Disasters). Any certification by a subrecipient, subgrantee, or beneficiary must be based on supporting evidence that will be kept available for inspection by HUD. If a grantee, subrecipient, subgrantee or beneficiary certifies that other sources of funds were received and expended for a different purpose than the CDBG-CV funds, the grantee, subrecipient, subgrantee, or beneficiary must substantiate this assertion with an additional source of information (e.g., physical inspections, credit card statements, work estimates, contractor invoices, or receipts).

DED, UNL, subrecipients, subgrantees and beneficiaries must maintain records for all documentation in compliance with HUD's DOB policies for a period of at least five (5) years from the date of grant closeout. All documents and supporting evidence will be kept available for inspection by HUD.

## RECAPTURING DUPLICATIVE ASSISTANCE

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If a duplication is discovered after CDBG-CV Program assistance has been provided, the duplicative funds are recaptured to the extent that they are in excess of the need and duplicate other assistance received for the same purpose.

The method of recapturing funds and the timeframe for doing so are determined on an individual project or program basis. However, DED shall ensure that the recapture method and timeframe are consistent with the requirements established by 2 CFR 200 or other applicable cost principles, any relevant guidance or handbook issued by the HUD Office of the Inspector General, and the Stafford Act, which requires that duplicative assistance shall be collected in accordance with 31 U.S.C. 37, relating to claims for debt collection.

Recipients under the Coronavirus Related Emergency Payments Program and other program subrecipients, subgrantees and/or beneficiaries are required to maintain all corresponding financial transactions related to the refund(s) in their respective files and submit one copy of the completed documents and supporting documentation to the DED program representative assigned to the agreement. DED shall withhold payment on any project or suspend activities if a DOB issue is not resolved in a timely manner. DED will not complete the Subrecipient Agreement closeout process until all identified DOB issues are resolved.

Funds cancelled and recaptured from CDBG-CV subrecipients, subgrantees, and/or beneficiaries shall be redistributed as follows: (1) if there are sufficient funds within 105 days from the date of the CDBG-CV application acceptance, the next ranked fundable subrecipient or beneficiary may be awarded; or (2) if funds are insufficient, these funds, and any other funds recaptured after the 105 day period and prior to

the CDBG-CV application acceptance date, may be redistributed in conformance with the overall CDBG-CV Program Guidelines.

## RECAPTURE PROCEDURES

In advance of the recapture process, DED performs a full and complete reconciliation of the files for all recipients under the Coronavirus Related Emergency Payments Program and other program subrecipients, subgrantees, and/or beneficiaries who have been identified as having been overpaid. DED documents the amount and basis for the repayment in a written letter to the subrecipient, subgrantee, or beneficiary (as applicable), as well as procedures for repaying the funds (the "Repayment Letter"). DED also assigns the recipients under the Coronavirus Related Emergency Payments Program and other program subrecipients, subgrantees, and/or beneficiaries a DED representative to provide guidance and assistance throughout the repayment process. If a subrecipient, subgrantee, or beneficiary (as applicable) disagrees with the amount owed or the basis for repayment, the subrecipient, subgrantee, or beneficiary will be afforded the opportunity to submit a written appeal of the repayment determination.

Appeals must be submitted in writing using the Appeals Form included with the Repayment Letter within twenty (20) calendar days from the date of the Repayment Letter to DED via email or in writing.

DED reviews the written appeal and issues a final written determination of its decision. Appeals may be denied or granted in whole or in part. Nothing in the appeal determination shall obviate the recipients under the Coronavirus Related Emergency Payments Program and other program subrecipients, subgrantees and/or beneficiaries from complying with all applicable program requirements, for instance, if they successfully appeal a DOB amount, they are still fully obligated to complete their project.

DED only reviews facts and information already included in a recipient's file under the Coronavirus Related Emergency Payments Program and other program subrecipients', subgrantees' and/or beneficiaries' file. Recapture appeals will only be reheard after the initial hearing if new material information is received by DED, or a new CDBG-CV Program policy is enacted that will impact the recipient, subrecipient, subgrantee, or beneficiary's appeal status.

If a recipient under the Coronavirus Related Emergency Payments Program and other program subrecipients, subgrantees, or beneficiaries fail to file an appeal to DED within the time allotted, the inaction will be deemed as an acceptance of the determination; there will be no further right to contest or appeal the amount to be repaid.

If a recipient under the Coronavirus Related Emergency Payments Program and other program subrecipients', subgrantees', or beneficiaries' appeal is denied or there is failure on their part to appeal within the allotted timeframe, the recipient under the Coronavirus Related Emergency Payments Program and other program subrecipients, subgrantees and/or beneficiaries will be moved to the repayment phase to begin repayment.

Once a recipient under the Coronavirus Related Emergency Payments Program and other program subrecipients, subgrantees, or beneficiaries have received their Repayment Letter and the appeal period has passed (either through passage of twenty (20) day appeal period or an appeal determination), their file will be moved to the Repayment Phase.

Once the Repayment Phase commences, a DED representative will assist the recipient, subrecipient, subgrantee, or beneficiary (as applicable) with the steps necessary to repay their funds in a timely manner. All repayments shall be repaid in full as one lump sum amount or broken down into a payment plan agreed upon with DED.

DED will analyze any recipient, subrecipient, subgrantee, or beneficiary claims of financial hardship and may make limited accommodations in some cases in order to facilitate repayment.

Recipients under the Coronavirus Related Emergency Payments Program and other program subrecipients, subgrantees and/or beneficiaries who claim that the COVID-19 pandemic has created a financial hardship will undergo the current recapture hardship process and supply supporting documentation highlighting their financial hardship due to COVID-19. Supporting documentation may include correspondence from their job with instruction to file for unemployment or proof of unemployment payments. While the COVID-19 pandemic will be viewed as an extenuating circumstance, it does not mean that the recipient, subrecipient, subgrantee, or beneficiary will receive a 100% hardship reduction.

This policy shall apply to all CDBG-CV funds that are managed by DED or any of its grantees, subrecipients and/or subgrantees.



# APPENDIX A: ECONOMIC DEVELOPMENT PROGRAM REQUIRED FORMS

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The forms below are representative of the Economic Development Program:

- CDBG-CV DUPLICATION OF BENEFITS AFFIDAVIT
  - LOCAL GOVERNMENT
  - NON-PROFIT/FOR-PROFIT
- CDBG-CV DUPLICATION OF BENEFITS CERTIFICATION
  - LOCAL GOVERNMENT
  - NON-PROFIT/FOR-PROFIT
- CDBG-CV SUBROGATION AGREEMENT

**ECONOMIC DEVELOPMENT CDBG-CV DUPLICATION OF  
BENEFITS AFFIDAVIT (LOCAL GOVERNMENT)**

# DUPLICATION OF BENEFITS AFFIDAVIT

## DUPLICATION OF BENEFITS AFFIDAVIT

(applicant - local government)

### INSTRUCTIONS

Read each component in full and provide the accurate information.

This Affidavit is intended to verify all funding assistance an applicant has received in connection with the novel coronavirus (COVID-19) public health emergency to identify any duplication of benefits (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 § 200, the State of Nebraska is legally required by the U.S. Department of Housing and Urban Development (HUD) to conduct a DOB review to ensure all costs to be necessary and reasonable for the performance of the Federal award.

This Affidavit is divided into three (3) components:

1. Assistance received from COVID-19 recovery programs;
2. Attachments; and
3. Signature(s).

### Part 1. Assistance Received from COVID-19 Recovery Programs

This Affidavit must be completed by all applicants that have applied for and/or received any assistance from the CDBG-CV funded Economic Development Opportunity Program offered by the Nebraska Department of Economic Development (DED) and other known sources of COVID-19 recovery programs. Information in this Affidavit will provide DED with vital information for conducting a DOB review consistent with applicable Federal law.

To complete the table on the following pages, check “Yes” for any program you have previously applied to, received funding from, and/or anticipate receiving funds from. In the Program Area columns, insert the dollar amount under the applicable program type you are applying, received funding from, and/or anticipate receiving funds from. Check “No” for all programs you either have not applied to and/or do not expect to receive funding from. If the applicant has received or anticipates to receive funds for the same purpose as the CDBG-CV Economic Development Opportunity Program and the funding source is not listed, there are “other” rows at the end of the table for those programs to be added.

[The remainder of this page is intentionally left blank.]

|                                      |   | Program Areas   |   |                                   |  |
|--------------------------------------|---|---|---|-----------------------------------|--|
|                                      |   | Public Facilities   | Public Services   | Economic Development              | Housing and Other  |
| <b>Source of COVID-19 Assistance</b> |   | Includes Acquisition, New Construction, Rehabilitation, and Other Improvements (e.g., testing and treatment facility construction, building rehabilitation to establish an infectious disease treatment clinic, etc.) | Includes Existing Services Expansion and New Space Creation (e.g., increasing capacity and availability of targeted services, meal programs, food banks, Meals on Wheels, etc.) | Includes Assistance to Businesses | Includes Housing-related Assistance, Planning Activities, etc. |
| <input type="checkbox"/> Yes         | Small Business Administration (SBA) – Paycheck Protection Program (PPP) | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> No          |   |   |   |                                   |  |
| <input type="checkbox"/> Yes         | SBA – Economic Injury Disaster Loans                                    | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> No          |   |   |   |                                   |  |
| <input type="checkbox"/> Yes         | SBA – Express Bridge Loans  | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> No          |   |   |   |                                   |  |
| <input type="checkbox"/> Yes         | SBA – Debt Relief Program   | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> No          |   |   |   |                                   |  |
| <input type="checkbox"/> Yes         | SBA – Other   | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> No          |   |   |   |                                   |  |
| <input type="checkbox"/> Yes         | Federal Emergency Management Agency (FEMA) – Disaster Relief Fund       | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> No          |   |   |   |                                   |  |
| <input type="checkbox"/> Yes         | FEMA – Public Assistance (PA) Program                                   | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> No          |   |   |   |                                   |  |
| <input type="checkbox"/> Yes         | FEMA – Emergency Food and Shelter Program (EFSP)                        | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> No          |   |   |   |                                   |  |
| <input type="checkbox"/> Yes         | FEMA – Other  | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> No          |   |   |   |                                   |  |
| <input type="checkbox"/> Yes         | U.S. Dept. of Treasury – Unemployment Insurance Provisions              | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> No          |   |   |   |                                   |  |
| <input type="checkbox"/> Yes         | U.S. Dept. of Treasury – The Coronavirus Relief Fund                    | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> No          |   |   |   |                                   |  |

|   |   |    |    |    |    |
|---|---|----|----|----|----|
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Treasury –<br>Other   | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Internal Revenue Service<br>(IRS) – Economic Impact<br>Payments   | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | IRS – Other   | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Agriculture<br>(USDA) – Commodity<br>Supplemental Food<br>Program                             | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Child Nutrition<br>Programs  | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Supplemental<br>Nutrition for Women,<br>Infants and Children<br>(WIC)                                | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Disaster<br>Household Distribution   | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Summer Food<br>Service Program   | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Supplemental<br>Nutrition Assistance<br>Program Emergency<br>Allotments                              | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Other  | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Health and<br>Human Services (HHS) –<br>Community Living<br>Allocation                        | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Labor –<br>Dislocated Worker<br>Grants  | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Economic<br>Development<br>Administration –<br>Supplemental Economic<br>Adjustment Assistance<br>(EAA) | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Other CARES Act Funds   |    | \$ | \$ | \$ |

|  |    |    |    |    |
|--|----|----|----|----|
| <input type="checkbox"/> *Other 1 (list source below)<br>_____ | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> *Other 2 (list source below)<br>_____ | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> *Other 3 (list source below)<br>_____ | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> *Other 4 (list source below)<br>_____ | \$ | \$ | \$ | \$ |

*\*Includes private insurance, nonprofit grants and loans, charitable resources, state and local government programs, donations, other federal funds (e.g., CDBG/ESG), Disaster Relief Emergency Fund, private loans, etc. All resources need to be documented.*

**Part 2. Attachments**

Attached to this Affidavit are copies of acceptable documentation for each of the sources of funds received, pending, or applied for as a result of the COVID-19 presidentially declared public health emergency.

[The remainder of this page is intentionally left blank.]

**Part 3. Signature(s)**

I certify that the information provided in this Affidavit is 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 and/or HUD.

Name of Local Government (Applicant): \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature (Chief elected official)

\_\_\_\_\_  
Applicant Printed Name (Chief elected official)

Dated this the \_\_\_\_\_ day of \_\_\_\_\_, 2021.

**Acknowledgement**

State of Nebraska )  
  ) ss.  
County of \_\_\_\_\_ )

The foregoing Affidavit was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2021 by \_\_\_\_\_ (printed name), \_\_\_\_\_ (printed title).

\_\_\_\_\_  
Signature of Notary

NOTARY SEAL

\_\_\_\_\_  
Notary Public State of Nebraska - Printed Name

\_\_\_\_\_  
Date Notary's Commission Expires

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

**ECONOMIC DEVELOPMENT CDBG-CV DUPLICATION OF  
BENEFITS AFFIDAVIT (NON-PROFIT/FOR-PROFIT)**



# DUPLICATION OF BENEFITS AFFIDAVIT

## DUPLICATION OF BENEFITS AFFIDAVIT

(applicant – non-profit entity/for-profit business)

### INSTRUCTIONS

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|   |   | Program Areas  |  |                                   |  |
|---|---|--|--|-----------------------------------|--|
|   |   | Public Facilities  | Public Services  | Economic Development              | Housing and Other  |
| <b>Source of COVID-19 Assistance</b>                        |   | Includes Acquisition, New Construction, Rehabilitation, and Other Improvements ( <i>e.g., testing and treatment facility construction, building rehabilitation to establish an infectious disease treatment clinic, etc.</i> ) | Includes Existing Services Expansion and New Space Creation ( <i>e.g., increasing capacity and availability of targeted services, meal programs, food banks, Meals on Wheels, etc.</i> ) | Includes Assistance to Businesses | Includes Housing-related Assistance, Planning Activities, etc. |
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| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | SBA – Economic Injury Disaster Loans                                    | \$   | \$   | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | SBA – Express Bridge Loans  | \$   | \$   | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | SBA – Debt Relief Program   | \$   | \$   | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | SBA – Other   | \$   | \$   | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Federal Emergency Management Agency (FEMA) – Disaster Relief Fund       | \$   | \$   | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | FEMA – Public Assistance (PA) Program                                   | \$   | \$   | \$                                | \$   |
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| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Treasury – Unemployment Insurance Provisions              | \$   | \$   | \$                                | \$   |
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|   |   |    |    |    |    |
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| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Labor –<br>Dislocated Worker<br>Grants  | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Economic<br>Development<br>Administration –<br>Supplemental Economic<br>Adjustment Assistance<br>(EAA) | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Other CARES Act Funds   |    | \$ | \$ | \$ |

|  |    |    |    |    |
|--|----|----|----|----|
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**I certify that the information provided in this Affidavit is 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 and/or HUD.**

Name of Non-Profit/For-Profit Business Entity (Applicant): \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature and Title of business owner(s), subgrantee, subrecipient, direct beneficiary, or other entity

\_\_\_\_\_  
Applicant Printed Name and Title of business owner(s), subgrantee, subrecipient, direct beneficiary, or other entity

Dated this the \_\_\_\_ day of \_\_\_\_\_, 2021.

**Acknowledgement**

State of Nebraska )  
 ) ss.  
County of \_\_\_\_\_ )

The foregoing Affidavit was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2021 by \_\_\_\_\_ (printed name), \_\_\_\_\_ (printed title) of \_\_\_\_\_ (name of Applicant entity), on behalf of the Applicant.

\_\_\_\_\_  
Signature of Notary

NOTARY SEAL

\_\_\_\_\_  
Notary Public State of Nebraska - Printed Name

\_\_\_\_\_  
Date Notary's Commission Expires

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

**ECONOMIC DEVELOPMENT CDBG-CV DUPLICATION OF  
BENEFITS CERTIFICATION (LOCAL GOVERNMENT)**

# DUPLICATION OF BENEFITS CERTIFICATION FOR CDBG-CV FUNDS

## DUPLICATION OF BENEFITS CERTIFICATION FOR CDBG-CV FUNDS

The Stafford Act directs administrators of Federal assistance 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 U.S.C. 5155(a) and (c). Because assistance to each person varies widely based on individual insurance coverage and eligibility for Federal funding, grantees cannot comply with the Stafford Act without completing a duplication of benefits (DOB) analysis specific to each applicant.

Pursuant to the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (Pub. L 116-136), grantees receiving the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant CARES Act (CDBG-CV) funds must ensure that there are adequate procedures in place to prevent any DOB consistent with all applicable Federal Register notices. HUD requires each grantee to have procedures in place to prevent the DOB when it provides financial assistance with CDBG-CV funds. As noted above, grant funds may not be used to pay for a cost and/or scope of work if another source of financial assistance is available to pay for the same cost and/or scope of work.

**This Certification must be completed by any business owner(s), subgrantee, subrecipient, direct beneficiary, or other entity that receives assistance and serves to document compliance with the CARES Act requirement to ensure that there are adequate procedures in place to prevent any DOB as noted above.**

I, \_\_\_\_\_  
(Printed name/title of local government certifying official)

Hereby certify that:

- A. The CDBG-CV funds, appropriated by the CARES Act and awarded by the Nebraska Department of Economic Development to \_\_\_\_\_ (*insert name of Local Government*) does not duplicate/replace any other funds, and/or any funds received from the following sources (the list may not be all inclusive of Federal assistance, however, this Certification applies to all funds received):
  - The Paycheck Protection Program
  - Unemployment compensation benefits
  - Insurance claims/proceeds
  - Federal Emergency Management Agency (FEMA) funds
  - Small Business Administration (SBA) funds
  - Other Federal, State or local funding
  - Other nonprofit, private sector, or charitable funding
- B. Further, this executed Certification serves to acknowledge that any business owner, subgrantee, subrecipient, direct beneficiary, or other entity understands and agrees that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be duplicative.

Signature of chief elected official or authorizing official

Printed name and Title

Name of Local Government: \_\_\_\_\_

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

*This form may be subject to change pending additional HUD guidance.*

**Updated December 2021**

**ECONOMIC DEVELOPMENT CDBG-CV DUPLICATION OF  
BENEFITS CERTIFICATION (NON-PROFIT/FOR-PROFIT)**



# DUPLICATION OF BENEFITS CERTIFICATION FOR CDBG-CV FUNDS

## DUPLICATION OF BENEFITS CERTIFICATION FOR CDBG-CV FUNDS

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**This Certification must be completed by any business owner(s), subgrantee, subrecipient, direct beneficiary, or other entity that receives assistance and serves to document compliance with the CARES Act requirement to ensure that there are adequate procedures in place to prevent any DOB as noted above.**

I, \_\_\_\_\_  
(Name/title of business owner(s), subgrantee (Public Social Service Entity), subrecipient, direct beneficiary, other entity)

Hereby certify that:

- A. The CDBG-CV funds, appropriated by the CARES Act and funded by the Nebraska Department of Economic Development assisting \_\_\_\_\_ (insert non-profit/for-profit business name) does not duplicate/replace any other funds, and/or any funds received from the following sources (the list may not be all inclusive of Federal assistance, however, this Certification applies to all funds received):
- The Paycheck Protection Program
  - Unemployment compensation benefits
  - Insurance claims/proceeds
  - Federal Emergency Management Agency (FEMA) funds
  - Small Business Administration (SBA) funds
  - Other Federal, State or local funding
  - Other nonprofit, private sector, or charitable funding
- B. Further, this executed Certification serves to acknowledge that any business owner, subgrantee, subrecipient, direct beneficiary, or other entity understands and agrees that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be duplicative.

\_\_\_\_\_  
Signature of business owner(s), subgrantee, subrecipient, direct beneficiary, or other entity

\_\_\_\_\_  
Printed Name and Title

Name of Non-Profit/For-Profit Business Entity: \_\_\_\_\_

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

*This form may be subject to change pending additional HUD guidance.*

**Updated July 2021**

**ECONOMIC DEVELOPMENT CDBG-CV SUBROGATION  
AGREEMENT**

# CDBG-CV SUBROGATION AGREEMENT

## SUBROGATION AGREEMENT

This Subrogation and Assignment Agreement (“Agreement”) is made and entered into on this \_\_\_ day of \_\_\_\_\_, 2021, by and between \_\_\_\_\_ and \_\_\_\_\_ (the “Applicant(s)”) and the State of Nebraska Department of Economic Development (“Grantor” or “DED”).

In consideration of Applicant(s)’s receipt of funds or the commitment by Grantor to evaluate the Applicant(s)’s application for the receipt of funds (collectively, the “Grant Proceeds”) under the Community Development Block Grant coronavirus (“CDBG-CV”) Economic Development Opportunity Program (the “Program”) administered by Grantor, Applicant(s) hereby assigns to Grantor all of Applicant(s)’s future rights to reimbursement and all payments received from any grant, subsidized loan, or insurance policies of any type or coverage or under any reimbursement or relief program in connection with the novel coronavirus (“COVID-19”) related to or administered by the State of Nebraska (singularly, a “CV Program” and collectively, the “CV Programs”) that was the basis of the calculation for the Program to the extent of Grant Proceeds paid or to be paid to Applicant(s) under the Program and that are determined in the sole discretion of the Nebraska Department of Economic Development (“DED”) to be a duplication of benefits (“DOB”) as provided in this Agreement.

The proceeds or payments referred to in the preceding paragraph, whether they are from insurance, and/or CV Programs, or any other source, and whether or not such amounts are a DOB, shall be referred to herein as “Proceeds,” and any Proceeds that are a DOB shall be referred to herein as “DOB Proceeds.” Upon receiving any Proceeds not listed on the Duplication of Benefits Affidavit, Applicant(s) agree(s) to immediately notify the Grantor who will notify DED of such additional amounts, and DED will determine in its sole discretion if such additional amounts constitute a DOB. If some or all of the Proceeds are determined to be a DOB, the portion that is a DOB shall be paid to the Grantor, to be retained and/or disbursed as provided in this Agreement.

Applicant(s) agree(s) to assist and cooperate with the Grantor to pursue any of the claims Applicant(s) has against the insurers for reimbursement of DOB Proceeds under any such policies. Applicant(s) assistance and cooperation shall include but shall not be limited to allowing suit to be brought in Applicant(s)’s name and providing any additional documentation with respect to such consent, giving depositions, providing documents, producing record and other evidence, testifying at trial and any other form of assistance and cooperation reasonably requested by the Grantor. Applicant(s) further agree(s) to assist and cooperate in the attainment and collection of any DOB Proceeds that the Applicant(s) would be entitled to under any applicable CV Program(s).

If requested by the Grantor, Applicant(s) agree(s) to execute such further and additional documents and instruments as may be requested to further and better assign to the Grantor, to the extent of the Grant Proceeds paid to Applicant(s) under the Program policies, any amounts received under the CV Programs

that are DOB Proceeds and/or any rights thereunder, and to take, or cause to be taken, all actions and to do, or cause to be done, all things requested by the Grantor to consummate and make effective the purposes of this Agreement.

Applicant(s) explicitly allows the Grantor to request of any company with which Applicant(s) held insurance policies, or CV Programs or any other entity from which Applicant(s) has applied for or is receiving Proceeds, any non-public or confidential information determined to be reasonably necessary by the Grantor to monitor/enforce its interest in the rights assigned to it under this Agreement and give Applicant(s) consent to such company to release said information to the Grantor.

If Applicant(s) (or any lender to which DOB Proceeds are payable to such lender, to the extent permitted by superior loan documents) hereafter receives any DOB Proceeds, Applicant(s) agree(s) to promptly pay such amounts to the Grantor, if Applicant(s) received Grant Proceeds under the Program in an amount greater than the amount Applicant(s) would have received if such DOB Proceeds had been considered in the calculation of Applicant(s)'s award.

In the event that the Applicant(s) receive(s) or is scheduled to receive any Proceeds not listed on its Duplication of Benefits Affidavit ("Subsequent Proceeds"), Applicant(s) shall pay such Subsequent Proceeds directly to the Grantor, and DED will determine the amount, if any, of such Subsequent Proceeds that are DOB Proceeds ("Subsequent DOB Proceeds"). Subsequent Proceeds in excess of Subsequent DOB Proceeds shall be returned to the Applicant(s). Subsequent DOB Proceeds shall be disbursed as follows:

1. If Applicant(s) has received full payment of the Grant Proceeds, any Subsequent DOB Proceeds shall be retained by the Grantor and remitted to DED.
2. If Applicant(s) has received no payment of the Grant Proceeds, any Subsequent DOB Proceeds shall be used by the Grantor to reduce payments of the Grant Proceeds to the Applicant(s), and all Subsequent DOB Proceeds shall be returned to the Applicant(s).
3. If Applicant(s) has received a portion of the Grant Proceeds, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (A) Subsequent DOB Proceeds shall first be used to reduce the remaining payments of the Grant Proceeds, and Subsequent DOB Proceeds in such amount shall be returned to Applicant(s); and (B) any remaining Subsequent DOB Proceeds shall be retained by the Grantor and remitted to DED.
4. If the Grantor makes the determination that the Applicant(s) does not qualify to participate in the Program or the Applicant(s) determine(s) not to participate in the Program, the Subsequent DOB Proceeds shall be returned to the Applicant(s), and this Agreement shall terminate.

Once the Grantor has recovered an amount equal to the Grant Proceeds paid to Applicant(s), the Grantor will reassign to Applicant(s) any rights assigned to the Grantor pursuant to this Agreement.

Applicant(s) represent(s) that all statements and representations made by Applicant(s) regarding Proceeds received by Applicant(s) shall be true and correct as of the date the Duplication of Benefits Affidavit is signed.

**NOTICE:** The information provided on this form is subject to verification by the State of Nebraska and HUD at any time. Title 18, Section 1001 of the U.S. Code states that knowingly and willingly making a false or

fraudulent statement to a department of the United States Government can result in termination of assistance and civil and criminal penalties.

The executing party(ies) of this Agreement on behalf of the Applicant(s) hereby represents that he\she\they has received, read, and understands this notice of penalties for making a materially false or misleading written statement to obtain the Grant Proceeds.

In any proceeding to enforce this Agreement, the Grantor shall be entitled to recover all costs of enforcement, including actual attorney's fees.

**AUTHORIZING OFFICIAL (local government, chief elected official)**

Local Government: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

**AUTHORIZING OFFICIAL (business entity recipient, if applicable)**

Business Entity Recipient: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

**GRANTOR:**

The Nebraska Department of Economic Development

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

# APPENDIX B: EMERGENT THREAT PROGRAM REQUIRED FORMS

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The forms below are representative of the Emergent Threat Program:

- CDBG-CV DUPLICATION OF BENEFITS AFFIDAVIT
  - LOCAL GOVERNMENT
  - NON-PROFIT/FOR-PROFIT
- CDBG-CV DUPLICATION OF BENEFITS CERTIFICATION
  - LOCAL GOVERNMENT
  - NON-PROFIT/FOR-PROFIT
- CDBG-CV SUBROGATION AGREEMENT

**EMERGENT THREAT CDBG-CV DUPLICATION OF BENEFITS  
AFFIDAVIT (LOCAL GOVERNMENT)**

# DUPLICATION OF BENEFITS AFFIDAVIT

## DUPLICATION OF BENEFITS AFFIDAVIT

(applicant - local government)

### INSTRUCTIONS

Read each component in full and provide the accurate information.

This Affidavit is intended to verify all funding assistance an applicant has received in connection with the novel coronavirus (COVID-19) public health emergency to identify any duplication of benefits (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 § 200, the State of Nebraska is legally required by the U.S. Department of Housing and Urban Development (HUD) to conduct a DOB review to ensure all costs to be necessary and reasonable for the performance of the Federal award.

This Affidavit is divided into three (3) components:

1. Assistance received from COVID-19 recovery programs;
2. Attachments; and
3. Signature(s).

### Part 1. Assistance Received from COVID-19 Recovery Programs

This Affidavit must be completed by all applicants that have applied for and/or received any assistance from the CDBG-CV funded Emergent Threat Opportunity Program offered by the Nebraska Department of Economic Development (DED) and other known sources of COVID-19 recovery programs. Information in this Affidavit will provide DED with vital information for conducting a DOB review consistent with applicable Federal law.

To complete the table on the following pages, check “Yes” for any program you have previously applied to, received funding from, and/or anticipate receiving funds from. In the Program Area columns, insert the dollar amount under the applicable program type you are applying, received funding from, and/or anticipate receiving funds from. Check “No” for all programs you either have not applied to and/or do not expect to receive funding from. If the applicant has received or anticipates to receive funds for the same purpose as the CDBG-CV Emergent Threat Opportunity Program and the funding source is not listed, there are “other” rows at the end of the table for those programs to be added.

[The remainder of this page is intentionally left blank.]



|   |   | Program Areas   |   |                                   |  |
|---|---|---|---|-----------------------------------|--|
|   |   | Public Facilities   | Public Services   | Economic Development              | Housing and Other  |
| <b>Source of COVID-19 Assistance</b>                        |   | Includes Acquisition, New Construction, Rehabilitation, and Other Improvements (e.g., testing and treatment facility construction, building rehabilitation to establish an infectious disease treatment clinic, etc.) | Includes Existing Services Expansion and New Space Creation (e.g., increasing capacity and availability of targeted services, meal programs, food banks, Meals on Wheels, etc.) | Includes Assistance to Businesses | Includes Housing-related Assistance, Planning Activities, etc. |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Small Business Administration (SBA) – Paycheck Protection Program (PPP) | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | SBA – Economic Injury Disaster Loans                                    | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | SBA – Express Bridge Loans  | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | SBA – Debt Relief Program   | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | SBA – Other   | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Federal Emergency Management Agency (FEMA) – Disaster Relief Fund       | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | FEMA – Public Assistance (PA) Program                                   | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | FEMA – Emergency Food and Shelter Program (EFSP)                        | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | FEMA – Other  | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Treasury – Unemployment Insurance Provisions              | \$  | \$  | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Treasury – The Coronavirus Relief Fund                    | \$  | \$  | \$                                | \$   |

|   |   |    |    |    |    |
|---|---|----|----|----|----|
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Treasury –<br>Other   | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Internal Revenue Service<br>(IRS) – Economic Impact<br>Payments   | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | IRS – Other   | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Agriculture<br>(USDA) – Commodity<br>Supplemental Food<br>Program                             | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Child Nutrition<br>Programs  | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Supplemental<br>Nutrition for Women,<br>Infants and Children<br>(WIC)                                | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Disaster<br>Household Distribution   | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Summer Food<br>Service Program   | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Supplemental<br>Nutrition Assistance<br>Program Emergency<br>Allotments                              | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Other  | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Health and<br>Human Services (HHS) –<br>Community Living<br>Allocation                        | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Labor –<br>Dislocated Worker<br>Grants  | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Economic<br>Development<br>Administration –<br>Supplemental Economic<br>Adjustment Assistance<br>(EAA) | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Other CARES Act Funds   |    | \$ | \$ | \$ |

|  |    |    |    |    |
|--|----|----|----|----|
| <input type="checkbox"/> *Other 1 (list source below)<br>_____ | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> *Other 2 (list source below)<br>_____ | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> *Other 3 (list source below)<br>_____ | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> *Other 4 (list source below)<br>_____ | \$ | \$ | \$ | \$ |

*\*Includes private insurance, nonprofit grants and loans, charitable resources, state and local government programs, donations, other federal funds (e.g., CDBG/ESG), Disaster Relief Emergency Fund, private loans, etc. All resources need to be documented.*

**Part 2. Attachments**

Attached to this Affidavit are copies of acceptable documentation for each of the sources of funds received, pending, or applied for as a result of the COVID-19 presidentially declared public health emergency.

[The remainder of this page is intentionally left blank.]

**Part 3. Signature(s)**

**I certify that the information provided in this Affidavit is 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 and/or HUD.**

Name of Local Government (Applicant): \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature (Chief elected official)

\_\_\_\_\_  
Applicant Printed Name (Chief elected official)

Dated this the \_\_\_\_ day of \_\_\_\_\_, 2021.

**Acknowledgement**

State of Nebraska )  
 ) ss.  
County of \_\_\_\_\_ )

The foregoing Affidavit was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2021 by \_\_\_\_\_ (printed name), \_\_\_\_\_ (printed title).

\_\_\_\_\_  
Signature of Notary

NOTARY SEAL

\_\_\_\_\_  
Notary Public State of Nebraska - Printed Name

\_\_\_\_\_  
Date Notary's Commission Expires

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

**EMERGENT THREAT CDBG-CV DUPLICATION OF BENEFITS  
AFFIDAVIT (NON-PROFIT/FOR-PROFIT)**

# DUPLICATION OF BENEFITS AFFIDAVIT

## DUPLICATION OF BENEFITS AFFIDAVIT

(applicant – non-profit entity/ or for-profit business)

### INSTRUCTIONS

Read each component in full and provide the accurate information.

This Affidavit is intended to verify all funding assistance an applicant has received in connection with the novel coronavirus (COVID-19) public health emergency to identify any duplication of benefits (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 § 200, the State of Nebraska is legally required by the U.S. Department of Housing and Urban Development (HUD) to conduct a DOB review to ensure all costs to be necessary and reasonable for the performance of the Federal award.

This Affidavit is divided into three (3) components:

1. Assistance received from COVID-19 recovery programs;
2. Attachments; and
3. Signature(s).

### Part 1. Assistance Received from COVID-19 Recovery Programs

This Affidavit must be completed by all applicants that have applied for and/or received any assistance from the CDBG-CV funded Emergent Threat Opportunity Program offered by the Nebraska Department of Economic Development (DED) and other known sources of COVID-19 recovery programs. Information in this Affidavit will provide DED with vital information for conducting a DOB review consistent with applicable Federal law.

To complete the table on the following pages, check “Yes” for any program you have previously applied to, received funding from, and/or anticipate receiving funds from. In the Program Area columns, insert the dollar amount under the applicable program type you are applying, received funding from, and/or anticipate receiving funds from. Check “No” for all programs you either have not applied to and/or do not expect to receive funding from. If the applicant has received or anticipates to receive funds for the same purpose as the CDBG-CV Emergent Threat Opportunity Program and the funding source is not listed, there are “other” rows at the end of the table for those programs to be added.

[The remainder of this page is intentionally left blank.]

|   |   | Program Areas  |  |                                   |  |
|---|---|--|--|-----------------------------------|--|
|   |   | Public Facilities  | Public Services  | Economic Development              | Housing and Other  |
| <b>Source of COVID-19 Assistance</b>                        |   | Includes Acquisition, New Construction, Rehabilitation, and Other Improvements ( <i>e.g., testing and treatment facility construction, building rehabilitation to establish an infectious disease treatment clinic, etc.</i> ) | Includes Existing Services Expansion and New Space Creation ( <i>e.g., increasing capacity and availability of targeted services, meal programs, food banks, Meals on Wheels, etc.</i> ) | Includes Assistance to Businesses | Includes Housing-related Assistance, Planning Activities, etc. |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Small Business Administration (SBA) – Paycheck Protection Program (PPP) | \$   | \$   | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | SBA – Economic Injury Disaster Loans                                    | \$   | \$   | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | SBA – Express Bridge Loans  | \$   | \$   | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | SBA – Debt Relief Program   | \$   | \$   | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | SBA – Other   | \$   | \$   | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Federal Emergency Management Agency (FEMA) – Disaster Relief Fund       | \$   | \$   | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | FEMA – Public Assistance (PA) Program                                   | \$   | \$   | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | FEMA – Emergency Food and Shelter Program (EFSP)                        | \$   | \$   | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | FEMA – Other  | \$   | \$   | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Treasury – Unemployment Insurance Provisions              | \$   | \$   | \$                                | \$   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Treasury – The Coronavirus Relief Fund                    | \$   | \$   | \$                                | \$   |

|   |   |    |    |    |    |
|---|---|----|----|----|----|
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Treasury –<br>Other   | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Internal Revenue Service<br>(IRS) – Economic Impact<br>Payments   | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | IRS – Other   | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Agriculture<br>(USDA) – Commodity<br>Supplemental Food<br>Program                             | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Child Nutrition<br>Programs  | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Supplemental<br>Nutrition for Women,<br>Infants and Children<br>(WIC)                                | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Disaster<br>Household Distribution   | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Summer Food<br>Service Program   | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Supplemental<br>Nutrition Assistance<br>Program Emergency<br>Allotments                              | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | USDA – Other  | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Health and<br>Human Services (HHS) –<br>Community Living<br>Allocation                        | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Dept. of Labor –<br>Dislocated Worker<br>Grants  | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | U.S. Economic<br>Development<br>Administration –<br>Supplemental Economic<br>Adjustment Assistance<br>(EAA) | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Other CARES Act Funds   |    | \$ | \$ | \$ |



|  |    |    |    |    |
|--|----|----|----|----|
| <input type="checkbox"/> *Other 1 (list source below)<br>_____ | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> *Other 2 (list source below)<br>_____ | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> *Other 3 (list source below)<br>_____ | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> *Other 4 (list source below)<br>_____ | \$ | \$ | \$ | \$ |

*\*Includes private insurance, nonprofit grants and loans, charitable resources, state and local government programs, donations, other federal funds (e.g., CDBG/ESG), Disaster Relief Emergency Fund, private loans, etc. All resources need to be documented.*

**Part 2. Attachments**

Attached to this Affidavit are copies of acceptable documentation for each of the sources of funds received, pending, or applied for as a result of the COVID-19 presidentially declared public health emergency.

[The remainder of this page is intentionally left blank.]

**Part 3. Signature(s)**

**I certify that the information provided in this Affidavit is 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 and/or HUD.**

Name of Non-Profit/For-Profit Business Entity (Applicant): \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature and Title of business owner(s), subgrantee, subrecipient, direct beneficiary, or other entity

\_\_\_\_\_  
Applicant Printed Name and Title of business owner(s), subgrantee, subrecipient, direct beneficiary, or other entity

Dated this the \_\_\_\_ day of \_\_\_\_\_, 2021.

**Acknowledgement**

State of Nebraska )  
 ) ss.  
County of \_\_\_\_\_ )

The foregoing Affidavit was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2021 by \_\_\_\_\_ (printed name), \_\_\_\_\_ (printed title) of \_\_\_\_\_ (name of Applicant entity), on behalf of the Applicant.

\_\_\_\_\_  
Signature of Notary

NOTARY SEAL

\_\_\_\_\_  
Notary Public State of Nebraska - Printed Name

\_\_\_\_\_  
Date Notary's Commission Expires

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

**EMERGENT THREAT CDBG-CV DUPLICATION OF BENEFITS  
CERTIFICATION (LOCAL GOVERNMENT)**

# DUPLICATION OF BENEFITS CERTIFICATION FOR CDBG-CV FUNDS

## DUPLICATION OF BENEFITS CERTIFICATION FOR CDBG-CV FUNDS

The Stafford Act directs administrators of Federal assistance 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 U.S.C. 5155(a) and (c). Because assistance to each person varies widely based on individual insurance coverage and eligibility for Federal funding, grantees cannot comply with the Stafford Act without completing a duplication of benefits (DOB) analysis specific to each applicant.

Pursuant to the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (Pub. L 116-136), grantees receiving the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant CARES Act (CDBG-CV) funds must ensure that there are adequate procedures in place to prevent any DOB consistent with all applicable Federal Register notices. HUD requires each grantee to have procedures in place to prevent the DOB when it provides financial assistance with CDBG-CV funds. As noted above, grant funds may not be used to pay for a cost and/or scope of work if another source of financial assistance is available to pay for the same cost and/or scope of work.

**This Certification must be completed by any business owner(s), subgrantee, subrecipient, direct beneficiary, or other entity that receives assistance and serves to document compliance with the CARES Act requirement to ensure that there are adequate procedures in place to prevent any DOB as noted above.**

I, \_\_\_\_\_  
(Printed name/title of local government certifying official)

Hereby certify that:

- A. The CDBG-CV funds, appropriated by the CARES Act and awarded by the Nebraska Department of Economic Development to \_\_\_\_\_ (*insert Local Government name*) does not duplicate/replace any other funds, and/or any funds received from the following sources (the list may not be all inclusive of Federal assistance, however, this Certification applies to all funds received):
  - The Paycheck Protection Program
  - Unemployment compensation benefits
  - Insurance claims/proceeds
  - Federal Emergency Management Agency (FEMA) funds
  - Small Business Administration (SBA) funds
  - Other Federal, State or local funding
  - Other nonprofit, private sector, or charitable funding
- B. Further, this executed Certification serves to acknowledge that any business owner, subgrantee, subrecipient, direct beneficiary, or other entity understands and agrees that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be duplicative.

Signature of chief elected official or authorizing official

Printed name and Title

Name of Local Government: \_\_\_\_\_

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

*This form may be subject to change pending additional HUD guidance.*

**Updated December 2021**

**EMERGENT THREAT CDBG-CV DUPLICATION OF BENEFITS  
CERTIFICATION (NON-PROFIT/FOR-PROFIT)**

# DUPLICATION OF BENEFITS CERTIFICATION FOR CDBG-CV FUNDS

## DUPLICATION OF BENEFITS CERTIFICATION FOR CDBG-CV FUNDS

The Stafford Act directs administrators of Federal assistance 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 U.S.C. 5155(a) and (c). Because assistance to each person varies widely based on individual insurance coverage and eligibility for Federal funding, grantees cannot comply with the Stafford Act without completing a duplication of benefits (DOB) analysis specific to each applicant.

Pursuant to the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (Pub. L 116-136), grantees receiving the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant CARES Act (CDBG-CV) funds must ensure that there are adequate procedures in place to prevent any DOB consistent with all applicable Federal Register notices. HUD requires each grantee to have procedures in place to prevent the DOB when it provides financial assistance with CDBG-CV funds. As noted above, grant funds may not be used to pay for a cost and/or scope of work if another source of financial assistance is available to pay for the same cost and/or scope of work.

**This Certification must be completed by any business owner(s), subgrantee, subrecipient, direct beneficiary, or other entity that receives assistance and serves to document compliance with the CARES Act requirement to ensure that there are adequate procedures in place to prevent any DOB as noted above.**

I, \_\_\_\_\_  
(Name/title of business owner(s), subgrantee (Public Social Service Entity), subrecipient, direct beneficiary, other entity)

Hereby certify that:

- A. The CDBG-CV funds, appropriated by the CARES Act and funded by the Nebraska Department of Economic Development assisting \_\_\_\_\_ (insert non-profit/for-profit business name) does not duplicate/replace any other funds, and/or any funds received from the following sources (the list may not be all inclusive of Federal assistance, however, this Certification applies to all funds received):
  - The Paycheck Protection Program
  - Unemployment compensation benefits
  - Insurance claims/proceeds
  - Federal Emergency Management Agency (FEMA) funds
  - Small Business Administration (SBA) funds
  - Other Federal, State or local funding
  - Other nonprofit, private sector, or charitable funding
- B. Further, this executed Certification serves to acknowledge that any business owner, subgrantee, subrecipient, direct beneficiary, or other entity understands and agrees that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be duplicative.

\_\_\_\_\_  
Signature of business owner(s), subgrantee, subrecipient, direct beneficiary, or other entity      Printed Name and Title

Name of Non-Profit/For-Profit Business Entity: \_\_\_\_\_

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

*This form may be subject to change pending additional HUD guidance.*

**Updated August 2021**

**EMERGENT THREAT CDBG-CV SUBROGATION AGREEMENT**

# CDBG-CV SUBROGATION AGREEMENT

## SUBROGATION AGREEMENT

This Subrogation and Assignment Agreement (“Agreement”) is made and entered into on this \_\_\_ day of \_\_\_\_\_, 2021, by and between \_\_\_\_\_ and \_\_\_\_\_ (the “Applicant(s)”) and the State of Nebraska Department of Economic Development (“Grantor” or “DED”).

In consideration of Applicant(s)’s receipt of funds or the commitment by Grantor to evaluate the Applicant(s)’s application for the receipt of funds (collectively, the “Grant Proceeds”) under the Community Development Block Grant coronavirus (CDBG-CV) Emergent Threat Opportunity Program (the “Program”) administered by Grantor, Applicant(s) hereby assigns to Grantor all of Applicant(s)’s future rights to reimbursement and all payments received from any grant, subsidized loan, or insurance policies of any type or coverage or under any reimbursement or relief program in connection with the novel coronavirus (“COVID-19”) related to or administered by the State of Nebraska (singularly, a “CV Program” and collectively, the “CV Programs”) that was the basis of the calculation for the Program to the extent of Grant Proceeds paid or to be paid to Applicant(s) under the Program and that are determined in the sole discretion of the Nebraska Department of Economic Development (“DED”) to be a duplication of benefits (“DOB”) as provided in this Agreement.

The proceeds or payments referred to in the preceding paragraph, whether they are from insurance, and/or CV Programs, or any other source, and whether or not such amounts are a DOB, shall be referred to herein as “Proceeds,” and any Proceeds that are a DOB shall be referred to herein as “DOB Proceeds.” Upon receiving any Proceeds not listed on the Duplication of Benefits Affidavit, Applicant(s) agree(s) to immediately notify the Grantor who will notify DED of such additional amounts, and DED will determine in its sole discretion if such additional amounts constitute a DOB. If some or all of the Proceeds are determined to be a DOB, the portion that is a DOB shall be paid to the Grantor, to be retained and/or disbursed as provided in this Agreement.

Applicant(s) agree(s) to assist and cooperate with the Grantor to pursue any of the claims Applicant(s) has against the insurers for reimbursement of DOB Proceeds under any such policies. Applicant(s) assistance and cooperation shall include but shall not be limited to allowing suit to be brought in Applicant(s)’s name and providing any additional documentation with respect to such consent, giving depositions, providing documents, producing record and other evidence, testifying at trial and any other form of assistance and cooperation reasonably requested by the Grantor. Applicant(s) further agree(s) to assist and cooperate in the attainment and collection of any DOB Proceeds that the Applicant(s) would be entitled to under any applicable CV Program(s).

If requested by the Grantor, Applicant(s) agree(s) to execute such further and additional documents and instruments as may be requested to further and better assign to the Grantor, to the extent of the Grant Proceeds paid to Applicant(s) under the Program policies, any amounts received under the CV Programs



that are DOB Proceeds and/or any rights thereunder, and to take, or cause to be taken, all actions and to do, or cause to be done, all things requested by the Grantor to consummate and make effective the purposes of this Agreement.

Applicant(s) explicitly allows the Grantor to request of any company with which Applicant(s) held insurance policies, or CV Programs or any other entity from which Applicant(s) has applied for or is receiving Proceeds, any non-public or confidential information determined to be reasonably necessary by the Grantor to monitor/enforce its interest in the rights assigned to it under this Agreement and give Applicant(s) consent to such company to release said information to the Grantor.

If Applicant(s) (or any lender to which DOB Proceeds are payable to such lender, to the extent permitted by superior loan documents) hereafter receives any DOB Proceeds, Applicant(s) agree(s) to promptly pay such amounts to the Grantor, if Applicant(s) received Grant Proceeds under the Program in an amount greater than the amount Applicant(s) would have received if such DOB Proceeds had been considered in the calculation of Applicant(s)'s award.

In the event that the Applicant(s) receive(s) or is scheduled to receive any Proceeds not listed on its Duplication of Benefits Affidavit ("Subsequent Proceeds"), Applicant(s) shall pay such Subsequent Proceeds directly to the Grantor, and DED will determine the amount, if any, of such Subsequent Proceeds that are DOB Proceeds ("Subsequent DOB Proceeds"). Subsequent Proceeds in excess of Subsequent DOB Proceeds shall be returned to the Applicant(s). Subsequent DOB Proceeds shall be disbursed as follows:

1. If Applicant(s) has received full payment of the Grant Proceeds, any Subsequent DOB Proceeds shall be retained by the Grantor and remitted to DED.
2. If Applicant(s) has received no payment of the Grant Proceeds, any Subsequent DOB Proceeds shall be used by the Grantor to reduce payments of the Grant Proceeds to the Applicant(s), and all Subsequent DOB Proceeds shall be returned to the Applicant(s).
3. If Applicant(s) has received a portion of the Grant Proceeds, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (A) Subsequent DOB Proceeds shall first be used to reduce the remaining payments of the Grant Proceeds, and Subsequent DOB Proceeds in such amount shall be returned to Applicant(s); and (B) any remaining Subsequent DOB Proceeds shall be retained by the Grantor and remitted to DED.
4. If the Grantor makes the determination that the Applicant(s) does not qualify to participate in the Program or the Applicant(s) determine(s) not to participate in the Program, the Subsequent DOB Proceeds shall be returned to the Applicant(s), and this Agreement shall terminate.

Once the Grantor has recovered an amount equal to the Grant Proceeds paid to Applicant(s), the Grantor will reassign to Applicant(s) any rights assigned to the Grantor pursuant to this Agreement.

Applicant(s) represent(s) that all statements and representations made by Applicant(s) regarding Proceeds received by Applicant(s) shall be true and correct as of the date the DOB affidavit is signed.

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

The executing party(ies) of this Agreement on behalf of the Applicant(s) hereby represents that he\she\they has received, read, and understands this notice of penalties for making a materially false or misleading written statement to obtain the Grant Proceeds.

In any proceeding to enforce this Agreement, the Grantor shall be entitled to recover all costs of enforcement, including actual attorney's fees.

**AUTHORIZING OFFICIAL (local government, chief elected official)**

Local government: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

**AUTHORIZING OFFICIAL (non-profit entity recipient, if applicable)**

Non-profit recipient: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

**GRANTOR:**

The Nebraska Department of Economic Development

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

# **APPENDIX C: CORONAVIRUS EMERGENCY PAYMENT PROGRAM - UNL REQUIRED FORMS**

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The forms below are representative of the Coronavirus Emergency Payment Program provided by UNL and reviewed by DED.



## PREVENTION SELF-DECLARATION OF INCOME

Applicant Name: \_\_\_\_\_

This is to certify the income status for the above-named individual.

Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

### **Check the box(es) that apply to your situation and complete that section**

I certify, under penalty of perjury, that I have no bank account.

I certify, under penalty of perjury, that I currently receive the following income:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify, under penalty of perjury, that I do not have any income from any source at this time.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Social Security recipients only:**

Do you have a bank account, other than the account set up for Social Security?

Yes, I do and understand I will provide the most recent statement I've received.

No, I do not have another account, and utilize the account set up through Social Security (ex. Express Pay)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Affidavit is intended to verify all funding assistance an applicant has received in connection with the novel coronavirus (COVID-19) public health emergency to identify any duplication of benefits (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 § 200, the State of Nebraska is legally required by the U.S. Department of Housing and Urban Development (HUD) to conduct a DOB review to ensure all costs to be necessary and reasonable for the performance of the Federal award.

Pursuant to the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (Pub. L 116-136), grantees receiving the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant CARES Act (CDBG-CV) funds must ensure that there are adequate procedures in place to prevent any DOB consistent with all applicable Federal Register notices. HUD requires each grantee to have procedures in place to prevent the DOB when it provides financial assistance with CDBG-CV funds. As noted above, grant funds may not be used to pay for a cost and/or scope of work if another source of financial assistance is available to pay for the same cost and/or scope of work.

Below is a screenshot of the information included in UNL's online application regarding Duplication of Benefits.

- By selecting this box, I certify that all of the information in this application has been complete and accurate to the best of my knowledge, and I understand that the information provided will be assessed to determine my eligibility to receive assistance from the Balance of State Housing Assistance Common Fund for mortgage and utility expenses. I also understand that my household has not received assistance from any other source for the same purpose. Falsification of information or requesting assistance that would result in a duplication of benefits under penalty of law and could be prosecuted.

**APPENDIX D: UNL HOUSING ASSISTANCE COMMON  
FUND - CDBG-CV COVID-19 CDBG PROGRAM  
GUIDELINES**

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# UNL Housing Assistance Common Fund - CDBG-CV

## COVID-19 CDBG Program Guidelines

**Goal of this program is to prevent Nebraskan homeowners from losing their homes and renters from losing their housing as a consequence of the COVID-19 pandemic**

Households eligible for CDBG-CV Housing Assistance Common fund assistance are homeowners and renters in the Nebraska Balance of State Continuum of Care with the exception of those persons residing within the City Limits of Grand Island, Nebraska.

**CDBG-CV Eligibility Criteria** - Households below 80% AMI and demonstrating COVID-related need will be assisted by CDBG-CV resources. Assistance is only provided to those at risk of losing their homes/housing **as a consequence of the COVID-19 pandemic**. Answering the question: “Would this family/individual be in this circumstance if COVID-19 had not occurred?”

1. Documentation requirement:
  - a. One month of pay stubs;
  - b. One month bank statement.
  - c. If receiving assistance benefits, copy of award letter or benefit check
  - d. COVID related impact (may include any of the following):
    - i. Documentation from employer that loss of wages/salary were/are due to COVID
    - ii. Self-attestation under penalty of perjury/fraud that loss of income/employment leading to housing crisis is due to COVID.
  - e. Copy of rental agreement (if applicable).
  - f. Copy of mortgage statement (if applicable).
    - i. If the mortgage loan has been issued by a state or federally chartered lender, the mortgage statement provided is sufficient evidence of responsibility for the debt. If the mortgage has been issued by a non-chartered lender or is a contract for deed instrument (“rent to own”), a cross check with county assessor records to verify ownership should be conducted.
  - g. Copy of utility bills and any other requested assistance bills (fees, lender charges, late fees).
2. Non-duplication of benefits:
  - i. A cross check within the HMIS system for each applicant to determine if other assistance has been provided for the same need for the same time period.
    1. For assistance payments in HMIS that appear to cover the same time period an updated bill or updated ledger and will give details on the service we see that was provided.
  - ii. Applicant provides a self-certification of non-duplication of assistance under penalty of perjury.
  - iii. Recipients of the financial assistance, if mortgage holders, receive notice specifying with each payment if the period covered by this assistance has already been paid then they are obligated to return the funds. If recipients are landlords,

they have agreed to a payment agreement that specifies the periods of time payment are to cover and they agree to not evict during this time period.

3. There are no immigration status restrictions on providing short-term, non-cash emergency disaster assistance. Section 214 of the Housing and Community Development Act of 1980 (Section 214) does not cover the CDBG program and title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) does not cover the short-term, non-cash emergency assistance provided under CDBG. Accordingly, there is no need to document eligible immigration status.
4. Maximum payment is for six consecutive months; however, if in arrears more than three months, consider assistance on a case-by-case basis for up to six consecutive months to make current and avoid eviction or foreclosure. Can be any combination but no more than one-month in advance, examples include: *1 month in arrears plus 1 month in advance then eligible for 4 additional months, no arrears, 1 month in advance then eligible for 5 additional months, 4 months in arrears (counting as single month's payment) plus 5 consecutive months in advance*
  - a. All other costs, fees, taxes including property taxes, mortgage insurance, penalties, **if listed on the mortgage statement** are eligible for payment through this program. Lot rentals of owned manufactured homes are eligible for assistance.
  - b. Rental late fees are limited to 10% of monthly rent.
5. Homeowner assistance provided shall be reasonable. Reasonable will be defined as mortgage (and other eligible mortgage statement costs) below 150% of applicable Fair Market Rent for units of the same size in jurisdiction. For example: the FMR for a 2 bedroom in Saline County is \$821, the HACF reasonable amount for monthly mortgage assistance for a 2-bedroom home in Saline County is therefore \$1,230 [\$840 x 150%] inclusive of insurance, property tax, etc. as listed on the mortgage statement. The Housing Assistance Specialist will make this determination and record in the HMIS. Determination of reasonableness is in this manner independent of past and current income but based upon real value of home in the existing market. FMR basis will use the HUD FY Fair Market Rent Documentation System [https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021\\_code/select\\_Geography.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/select_Geography.odn) to calculate mortgage reasonableness amounts.
6. Tenant assistance provided shall be reasonable. Reasonable will be defined as rent below 150% of applicable Fair Market Rent for units of the same size in jurisdiction. For example: the FMR for a 2 bedroom in Saline County is \$821, the HACF reasonable amount for monthly mortgage assistance for a 2-bedroom home in Saline County is therefore \$1,230 [\$840 x 150%] inclusive of insurance, property tax, etc. as listed on the mortgage statement. The Housing Assistance Specialist will make this determination and record in the HMIS. Determination of reasonableness is in this manner independent of past and current income but based upon real value of home in the existing market. FMR basis will use the HUD FY Fair Market Rent Documentation System [https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021\\_code/select\\_Geography.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/select_Geography.odn)
7. There is no maximum benefit beyond the limits imposed by the maximum time frame described in #4 and the mortgage/rent reasonableness limitations described in #5 & 6.



8. Lead-Based Paint considerations: Lead-based paint requirements apply to this program unless the residential unit is exempt from lead-based paint compliance, built after 1978, and for emergency rental or mortgage assistance not in excess of 100 days. In all instances where emergency rental or mortgage assistance will exceed 100 days, assistance will not be provided without a visual assessment of lead-based paint risk. The 100-day emergency grace period begins at the time of payment going forward. Once the assistance period reaches 100 days, a visual lead-based paint inspection is required. If assistance is being provided to an individual or family that covers three months of arrears within the first month of assistance, the 100 days begin at the time of payment going forward. As an emergency payments assistance period approaches the end of the 100-day grace period, the Housing Assistance Specialist must conduct a visual inspection if there is a need for continued FY2019 or FY2020 CDBG or CD BG-CV assistance. Due to COVID-19 restrictions, it may not be possible for an onsite visual inspection to occur. If the situation does not allow for an onsite visual inspection, the owner(s) or a surrogate may perform a remote visual inspection.
  - a. Visual assessment of lead-based paint risk will be conducted by community-based agencies. Agencies qualified to provide this service include any CoC funded organization and those receiving ESG/NHAP funds, ....time compensated.....
  - b. In the event that the visual assessment reveals deteriorated paint surfaces that exceed the de minimis level, assistance cannot continue until painted surfaces are stabilized. <https://www.hudexchange.info/sites/onecpd/assets/File/Basically-CDBG-State-Chapter-13-Lead.pdf>  
[https://www.hud.gov/sites/documents/DOC\\_12311.PDF](https://www.hud.gov/sites/documents/DOC_12311.PDF)
  - c. The requirements under 24 CFR 35 Subpart K - Acquisition, Leasing, Support Services, or Operation apply to this emergency assistance. The visual assessment must be performed if assistance exceeds the 100-day exemption period. If a deteriorated paint surface in excess of the de minimis level is detected, the painted surface must be stabilized in accordance with 24 CFR Part 35 §§ 35.125(b)(1) and (c) immediately after receipt of the Federal assistance.
9. Households receiving Section 8, Emergency Housing Vouchers (EHV), HUD VASH assistance can be assisted on the portion of the rent that the family is responsible for paying.
10. Payment Process
  - a. Enrolled and approved eligible applicants will receive mortgage, rent, utilities, and related payment assistance subject to the limitations of this program. Assistance must be reasonable and necessary in response to the COVID pandemic and as an emergency payment, cannot exceed six consecutive months of assistance.
  - b. Payments will be processed by Common Funder 1x a week, generally on Thursdays, for all enrolled and HACF determined eligible applicants forwarded by UNL - CCFL from the Coordinated Entry System to the Nebraska Children and Families Foundation (NCF), the common fund holder.
  - c. Payments may not be made to individual participants but must be provided to the third party providing the service. Utility payments must be paid directly to the utility company and mortgage assistance payments must be paid to the lender.
  - d. NCF will provide back to UNL-CCFL and the CE system the detailed invoicing report (see attached example)

## 11. Appeal Process

Persons who are denied assistance or who receive less assistance than they believe they should have, have the right to appeal the determination. Appeals must be submitted within two weeks of the denial. A written appeal is preferable but if that constitutes a barrier, a verbal appeal will be accepted. To submit an appeal an applicant must specify why they are aggrieved and what would constitute a resolution. The appeal will be considered by the HACF stakeholder body composed of UNL-CCFL HACF CE Manager and the Housing Assistance Specialist agency program directors and the Nebraska Department of Economic Development Program Officer. Appeal recommendations will go to the UNL-CCFL Senior Project Director who has the authority to reverse the prior decision. The applicant will receive a written response to the appeal from the Housing Assistance Specialist working the application indicating whether the appeal was granted.

## 12. Fraud Detection and Response

Policies and Procedures that address reasonable validation or fraud prevention procedures to prevent abuse.

The Housing Assistance Common Fund Housing Assistance Specialists and/or UNL-CCFL HACF CE staff, may during the application and eligibility determination process flag specific applications for and forward for review to the HACF Review Team. The HACF Review Team consists of the UNL-CCFL Project Director and Coordinated Entry Manager, the Housing Innovations TA provider, the Nebraska Department of Economic Development Program Officer, and program directors of the agencies employing the Housing Assistance Specialists.

Flag case criteria include applications in which the \$ amount requested exceeds \$12,000, applications when the mortgage agreement or rental obligation are not clear when all documentation is submitted, unusual or unlikely situations including common names or other relationships that suggest more than a mortgagor - mortgagee relationship, and other particulars that warrant further review.

The HACF Review Team will assess the application and make a recommendation to the UNL-CCFL CE staff to: proceed, hold, or deny. For those applications denied by the Review Team the application will be closed in the Clarity system and notice of denied application provided to applicant. Applications that warrant further investigation for potential fraud will be put in a hold status and forwarded **to the Nebraska Department of Economic Development for further investigation.**

## 13. Data Collection and Reporting

All applications for assistance will be recorded in the Clarity HMIS data system following the HUD Data Standards, [HUD HMIS Data Standards](#). The Housing Assistance Common Fund (CDBG-CV) project is created in the HMIS system as a homeless prevention program and will follow the data collection rules for that program type.

UNL-CCFL will provide to the Nebraska Department of Economic Development at least quarterly the HUD Annual Performance Report, APR used for annual program reporting.

Monthly data quality (DQ) reporting will be required of Housing Assistance Specialists and submission to UNL-CCFL for review. CCFL HMIS staff technical assistance to resolve any data quality issues will be provided. Monthly "Program Roster" and "Service" reports should also be run and reviewed for accuracy by the Housing Assistance Specialist.

# APPENDIX E: CDBG-CV DUPLICATION OF BENEFITS PROGRAM PROCESS FLOWS

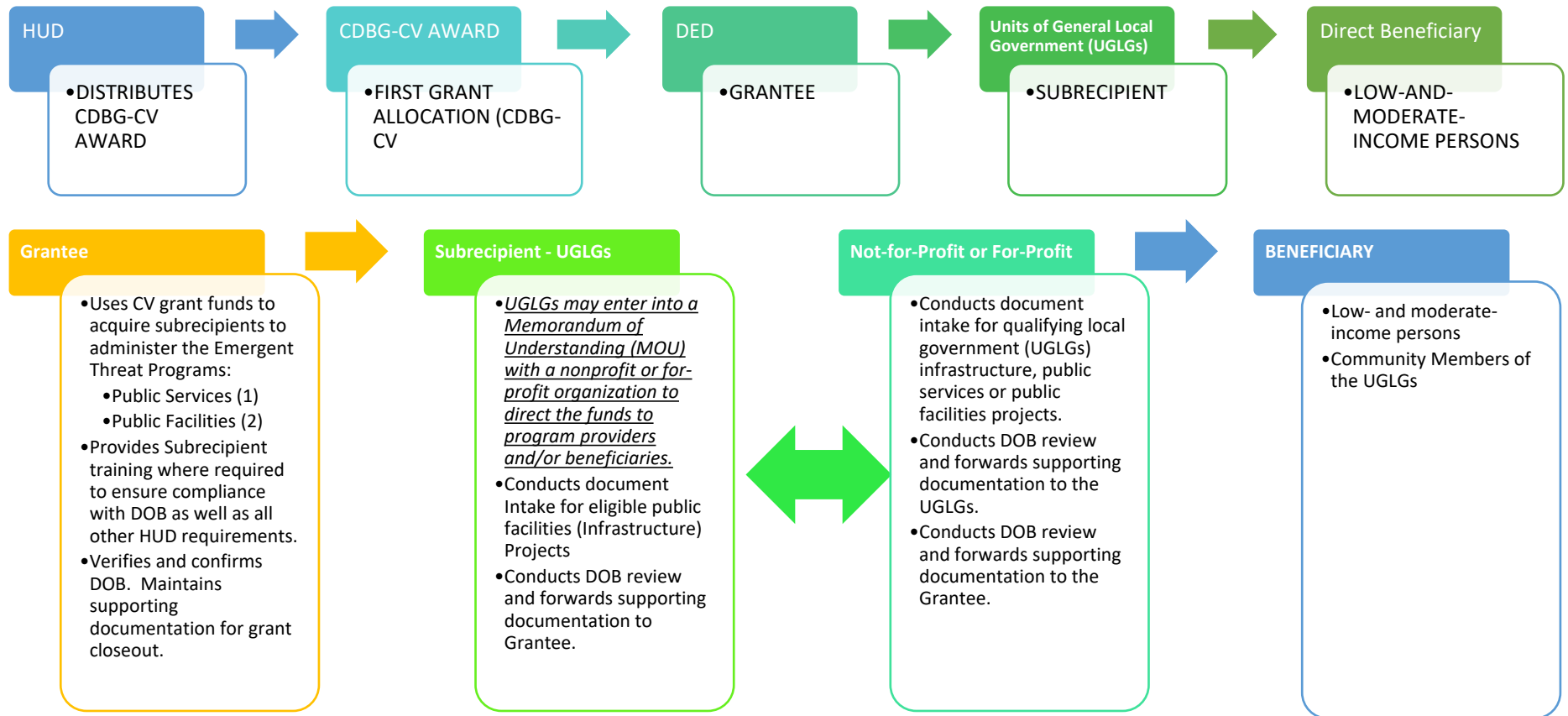
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[CDBG-CV Emergent Threat \(1 & 2\) Program Duplication of Benefits \(DOB\) Process Flow](#)

[CDBG-CV Economic Development Assistance To Businesses Program Duplication of Benefits \(DOB\)  
Process Flow](#)

[CDBG Coronavirus \(CV\) Related Emergency Payments Program Duplication of Benefits \(DOB\)  
Process Flow](#)

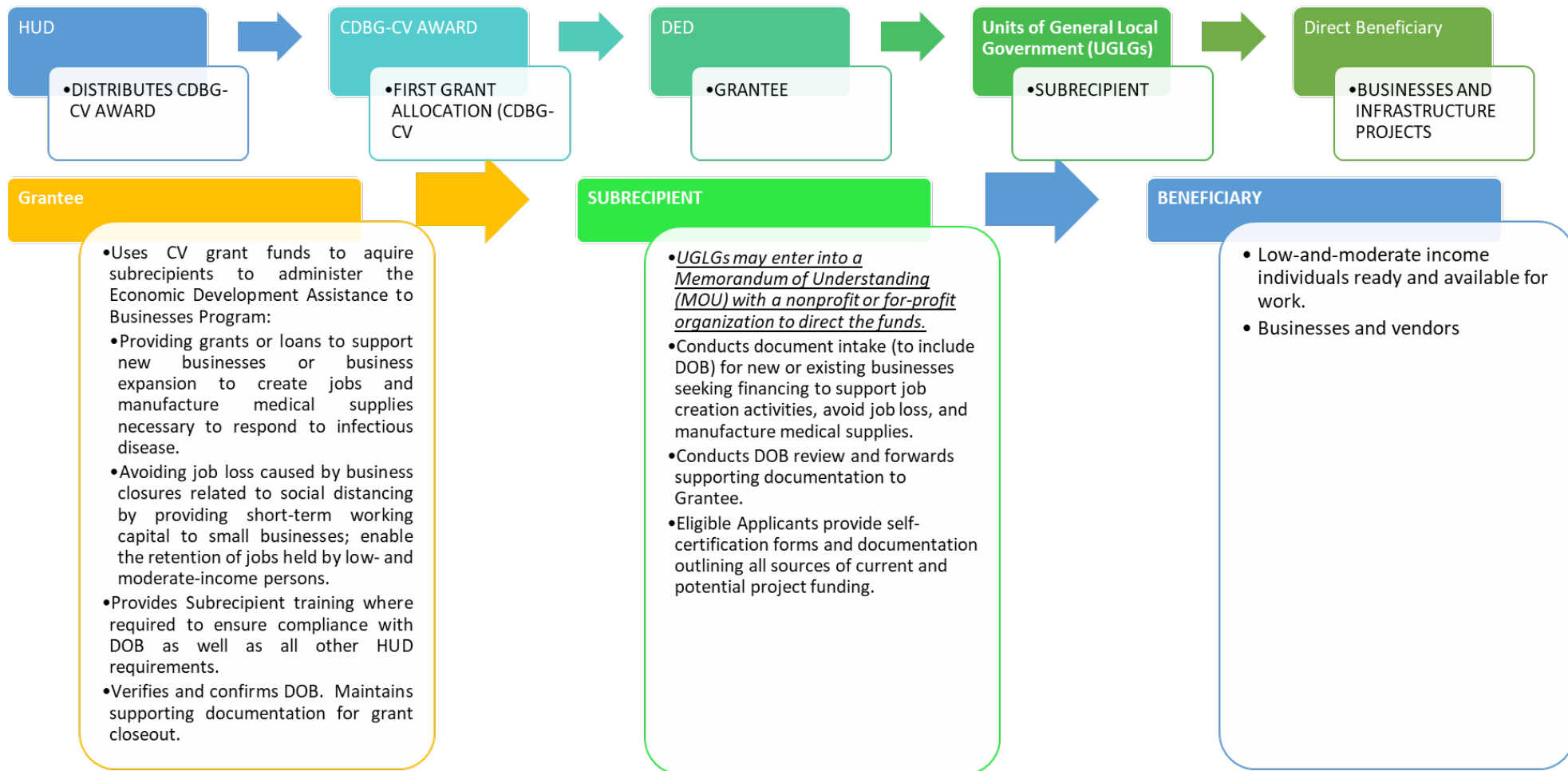
# CDBG-CV EMERGENT THREAT (1 & 2) PROGRAM DUPLICATION OF BENEFITS (DOB) PROCESS FLOW



*This form may be subject to change pending additional HUD guidance.*

**Updated November 2021**

# CDBG-CV ECONOMIC DEVELOPMENT ASSISTANCE TO BUSINESSES PROGRAM DUPLICATION OF BENEFITS (DOB) PROCESS FLOW



*This form may be subject to change pending additional HUD guidance.*

**Updated November 2021**

# CDBG CORONAVIRUS (CV) RELATED EMERGENCY PAYMENTS PROGRAM DUPLICATION OF BENEFITS (DOB) PROCESS FLOW

