



**COVID-19 CDBG EMERGENCY BUSINESS ASSISTANCE LOAN PROGRAM
DUPLICATION OF BENEFITS AFFIDAVIT**

PURPOSE:

The City of Massillon is a CDBG-CV grantee and, as such, must establish and maintain adequate procedures to prevent any duplication of benefits. A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.

Grantees must check to see that subrecipients, assisted individuals or families, businesses, and other entities that receive CDBG-CV assistance have not previously received, or will not receive, duplicative assistance from another source before CDBG-CV assistance is provided. The City of Massillon is accomplishing this duplication of benefits analysis by requiring these entities and beneficiaries to provide a self-certification indicating that they have not received, and do not reasonably anticipate receiving, a duplicative benefit, and requiring them to list potentially duplicative assistance that they have already received, or reasonably anticipate receiving.

Please complete the following affidavit and submit to the City of Massillon Community Development Department via email to swalters@massillonohio.gov or via U.S. Mail to:

City of Massillon
Community Development
151 Lincoln Way East
Massillon Ohio, 44646

Questions regarding this affidavit can be directed to Community Development Director Samantha Walters via phone at (330) 830 – 1721 or email at swalters@massillonohio.gov.

DUPLICATION OF BENEFITS SELF-CERTIFICATION AFFIDAVIT

_____, being first duly sworn /
(Printed Name of Affiant)

affirmed according to law, hereby states, under penalty of perjury, the following:

1. I (place an “X” next to the statement that applies) (a) _____ operate as an individual / sole proprietorship **OR** (b) _____ am a duly authorized signatory and representative of the business entity named below.
2. I make this affidavit in connection with the application for the City of Massillon’s COVID-19 CDBG Emergency Business Assistance Loan Program (the “Program”), submitted by _____, (the “Recipient”),

Recipient Name

located at _____.
Recipient Address

The Program is funded by the U.S. Department of Housing and Urban Development with a supplemental appropriation from the Community Development Block Grant – CARES (CDBG-CV) – The Coronavirus Aid, Relief, and Economic Security Act of 2020 (CARES Act).

3. The Recipient has received, or it is reasonably anticipated that the Recipient will receive, the following Federal assistance funding to prevent, prepare for, or respond to the Coronavirus/COVID-19 pandemic (check all that apply **and** include amount):

Paycheck Protection Program (SBA)	-	Amount: \$ _____
Economic Injury Disaster Loan (SBA)	-	Amount: \$ _____
Express Bridge Loan (SBA)	-	Amount: \$ _____
Debt Relief Program (SBA)	-	Amount: \$ _____
Disaster Relief Fund (FEMA)	-	Amount: \$ _____
Public Assistance Program (FEMA)	-	Amount: \$ _____
Emergency Food and Shelter Program (FEMA)	-	Amount: \$ _____
Unemployment Insurance Provisions (Treasury)	-	Amount: \$ _____
The Coronavirus Relief Fund (Treasury)	-	Amount: \$ _____
Economic Impact Payments (Treasury)	-	Amount: \$ _____
Commodity Supplemental Food Program (USDA)	-	Amount: \$ _____
Child Nutrition Program (USDA)	-	Amount: \$ _____
SNAP – WIC (USDA)	-	Amount: \$ _____
Nutrition Assistance Block Grant (USDA)	-	Amount: \$ _____
Disaster Household Distribution (USDA)	-	Amount: \$ _____
Summer Food Service Program (USDA)	-	Amount: \$ _____
Emergency Food Assistance Program (USDA)	-	Amount: \$ _____
Pandemic EBT (USDA)	-	Amount: \$ _____
SNAP Emergency Allotments (USDA)	-	Amount: \$ _____
Community Living Allocation (HHS)	-	Amount: \$ _____
Dislocated Workers Grant (Labor)	-	Amount: \$ _____

- Supplemental EAA (EDA) - Amount: \$ _____
- Other: _____ - Amount: \$ _____

4. The Recipient has not received, nor is it reasonably anticipated that the Recipient will receive, any other Federal assistance funds to prevent, prepare for, or respond to, the Coronavirus/COVID-19 pandemic other than that set forth above.
5. The Recipient can produce receipts for costs incurred and/or loss of expenses related to the Coronavirus/COVID-19 pandemic in the amount of \$ _____.
(NOTE: If total losses do not exceed amount of federal assistance received, the applicant is ineligible for the loan).
6. The Recipient understands that, should the U.S. Department of Housing and Urban Development (HUD) or the City of Massillon determine that the Recipient Business has received a duplication of benefits, the Recipient Business may be required to repay a portion or all of the assistance provided by HUD and/or the City of Massillon.

Affiant Signature

Affiant Title

Affiant Printed Name

Date

JURAT CERTIFICATE

Oath or Affirmation Administered to the Signer and Signed in the Presence of a Notary Public

State of Ohio

County of _____

Sworn to or affirmed and subscribed before me by _____
(Signature of Person Making Jurat)

this date of _____.
(Date)

(Affix Seal Here)

Signature of Notary Public Administering Jurat

Title of Rank

Commission Expiration Date