



CITY OF NORWICH

Office of Community Development

23 Union St 2nd Floor Norwich, CT 06360 - (860) 823-3770

CDBG-CV DUPLICATION OF BENEFITS SELF-CERTIFICATION AFFIDAVIT

The City of Norwich 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 Norwich 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 Norwich Community Development Department via email to kcrees@cityofnorwich.org or via U.S. Mail to:

City of Norwich
Community Development
23 Union St Floor 2
Norwich, CT 06360

Questions regarding this affidavit can be directed to Community Development Director Kathryn Crees via phone at (860) 885-2911 or email at kcrees@cityofnorwich.org.



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CDBG-CV Duplication of Benefits Self-Certification Affidavit

HUD Grantee City of Norwich
Sub-Grantee _____

Beneficiary: _____
Print

A duplication of benefits occurs when a person, household, business, 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.

Please identify all programs from which assistance has been received and the amount:

<input type="checkbox"/>	Rental Assistance Program (DOH)	Amount	\$ _____
<input type="checkbox"/>	Community Living Allocation (HHS)	Amount	\$ _____
<input type="checkbox"/>	Dislocated Workers Grant (DOL)	Amount	\$ _____
<input type="checkbox"/>	Supplemental EAA (EDA)	Amount	\$ _____
<u>SBA</u>			
<input type="checkbox"/>	Paycheck Protection Program	Amount	\$ _____
<input type="checkbox"/>	Economic Injury Disaster Loan	Amount	\$ _____
<input type="checkbox"/>	Express Bridge Loan	Amount	\$ _____
<input type="checkbox"/>	Debt Relief Program	Amount	\$ _____
<u>FEMA</u>			
<input type="checkbox"/>	Disaster Relief Fund	Amount	\$ _____
<input type="checkbox"/>	Public Assistance Program	Amount	\$ _____
<input type="checkbox"/>	Emergency Food and Shelter Program	Amount	\$ _____
<u>Treasury</u>			
<input type="checkbox"/>	Unemployment Insurance Provisions	Amount	\$ _____
<input type="checkbox"/>	The Coronavirus Relief Fund	Amount	\$ _____
<input type="checkbox"/>	Economic Impact Payments (IRS)	Amount	\$ _____
<u>USDA</u>			
<input type="checkbox"/>	Commodity Supplemental Food Program	Amount	\$ _____
<input type="checkbox"/>	Child Nutrition Program	Amount	\$ _____
<input type="checkbox"/>	SNAP - WIC	Amount	\$ _____
<input type="checkbox"/>	Nutrition Assistance Block Grant	Amount	\$ _____
<input type="checkbox"/>	Disaster Household Distribution	Amount	\$ _____
<input type="checkbox"/>	Summer Food Service Program	Amount	\$ _____
<input type="checkbox"/>	Pandemic EBT	Amount	\$ _____
<input type="checkbox"/>	SNAP Emergency Allotments	Amount	\$ _____
<input type="checkbox"/>	Other - Specify	Amount	\$ _____

By signing below, I, (Beneficiary Name) _____
certify that the information that I have provided above is an accurate and complete disclosure. I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted. I attest that I/We have not received, and do not reasonably anticipate receiving, a duplicative benefit.

Beneficiary Signature

Date