

## DUPLICATION OF BENEFITS ADDENDUM

A duplication of benefits (DOB) occurs when a beneficiary receives or is awarded assistance from multiple sources for a cumulative amount that exceeds the total need for a particular recovery purpose, and the total assistance received for that purpose is more than the total need for the project in question. For this reason, TNECD is required by HUD to conduct an individualized DOB review to ensure that any CDBG-DR Formula Allocation award is not duplicative of other funding.

The following worksheet identifies several of the most common sources of funds that may pose a DOB for CDBG-DR projects. Subrecipients **must** disclose information about the actual receipt and availability of financial assistance to allow TNECD to determine if there is a DOB that may impact the potential CDBG-DR Formula Allocation award.

For additional clarifications on DOB, please view the following resources:

- [Duplication of Benefits Federal Register Notice, June 2019 \(84 FR 28836\)](#)
- HUD Webinar: [Duplication of Benefits- Understanding and Applying the Requirements](#)

### 1. Other Funding Received

<p><b><u>Received Funding:</u></b></p> <p>Have you received any financial assistance that was provided for, dedicated to, or is intended to be used for the <b>same purposes as your proposed project</b>?</p> <p>Such assistance includes resources such as cash awards, insurance proceeds, grants, loans, or other awards <b>received</b> from:</p> <ul style="list-style-type: none"><li>• FEMA Public Assistance</li><li>• Small Business Administration</li><li>• Private Insurance</li><li>• Private or nonprofit charity organizations</li><li>• National flood insurance program (NFIP)</li><li>• Any other local, state, or federal programs or sources</li></ul> <p><b>If so, please indicate those sources received below.</b></p> <p><b>NOTE:</b> Do <b><u>not</u></b> count funding from the following sources:</p> <ul style="list-style-type: none"><li>• Personal assets such as cash accounts and investment accounts</li><li>• Credit cards and lines of credit</li><li>• In-kind donations</li><li>• Private loans (a loan not provided by or guaranteed by a governmental entity)</li></ul>	<p><b>Yes -</b> Received Funding</p> <p><b>No -</b> Did Not Receive Funding</p>
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Source of Received Funding	Amount Received	Date Received	Amount Approved/ Awarded
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

## 2. Other Funding Available

Available Funding:	
<p><b>Available Funding:</b></p> <p>Are there any other funds from the sources described above that are <b>available</b> to you that will be dedicated to, or intended to be used for the <b>same purposes as the proposed project</b>?</p> <p>HUD defines available assistance as:</p> <ol style="list-style-type: none"> <li>1. Assistance that your entity(ies) would have received by acting in a reasonable manner (such as insurance or other assistance to which your entity(ies) is legally entitled).</li> <li>2. Reasonably anticipated assistance that has been awarded and accepted but has not yet been received.</li> <li>3. Assistance that is awarded to your entity(ies) but is administered by another party instead of being directly funded to the entity(ies).</li> <li>4. <b>FEMA</b> funding that is available for your type of project and for the same purposes, but has not yet been applied for, such as Individual Assistance, Public Assistance, Hazard Mitigation, and Building Resilient Infrastructure and Communities funding.</li> </ol> <p><b>If so, please indicate those available sources below.</b></p>	<p><b>Yes -</b> There are funds available for the same purpose.</p> <p><b>No -</b> There are no other funds available for the same purpose.</p>

Source of Available Funding	Amount Available	Anticipated Date to Receive (if known)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

3. If your project would have been eligible for FEMA IA, PA, HMGP, or BRIC, or Small Business Administration recovery awards and you did not pursue the funding, please explain why:

4. **If you answered YES to either of the two sections above, please provide the following information about your other funding sources in the sections below.** TNECD will use this information to verify the amount(s) with the indicated funding sources in order to accurately perform a DOB calculation. Please enter N/A if it is not applicable.

**a. Private Insurance Policies**

Please provide information regarding any such insurance policies and information regarding claims filed and paid to the subrecipient for the same purposes as the proposed project activities.

Insurance Company Name	
Contact Information	
Type of Insurance	
Claim Number	
Settled Amount	
Purpose for the Funds	

Insurance Company Name	
Contact Information	
Type of Insurance	
Claim Number	
Settled Amount	
Purpose for the Funds	

Insurance Company Name	
Contact Information	
Type of Insurance	
Claim Number	
Settled Amount	
Purpose for the Funds	

Insurance Company Name	
Contact Information	
Type of Insurance	
Claim Number	
Settled Amount	
Purpose for the Funds	

### b. Other Funding Sources

This section identifies any sources of funds that the subrecipient entity has received, or has available, for the project as a result of Hurricanes Sally and Zeta—other than private insurance.

<b>Lender/Provider/Program</b>	
<b>Amount Received (and/or available)</b>	
<b>Purpose that Funds were Provided</b>	
<b>Applicant ID, Case #, or identifier</b>	
<b>Source:</b> <input type="checkbox"/> FEMA <input type="checkbox"/> SBA <input type="checkbox"/> Private or nonprofit charity organization <input type="checkbox"/> NFIP <input type="checkbox"/> Other local, state, or federal programs or source: _____	

<b>Lender/Provider/Program</b>	
<b>Amount Received (and/or available)</b>	
<b>Purpose that Funds were Provided</b>	
<b>Applicant ID, Case #, or identifier</b>	
<b>Source:</b> <input type="checkbox"/> FEMA <input type="checkbox"/> SBA <input type="checkbox"/> Private or nonprofit charity organization <input type="checkbox"/> NFIP <input type="checkbox"/> Other local, state, or federal programs or source: _____	

<b>Lender/Provider/Program</b>	
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<b>Purpose that Funds were Provided</b>	
<b>Applicant ID, Case #, or identifier</b>	
<b>Source:</b> <input type="checkbox"/> FEMA <input type="checkbox"/> SBA <input type="checkbox"/> Private or nonprofit charity organization <input type="checkbox"/> NFIP <input type="checkbox"/> Other local, state, or federal programs or source: _____	

<b>Lender/Provider/Program</b>	
<b>Amount Received (and/or available)</b>	
<b>Purpose that Funds were Provided</b>	
<b>Applicant ID, Case #, or identifier</b>	
<b>Source:</b> <input type="checkbox"/> FEMA <input type="checkbox"/> SBA <input type="checkbox"/> Private or nonprofit charity organization <input type="checkbox"/> NFIP <input type="checkbox"/> Other local, state, or federal programs or source: _____	

*\*Attach additional pages if needed.*

## Attachments

If other funding has been identified above, please attach copies of the following for each:

Private insurance claim documentation that shows, at a minimum, the amount provided and purpose of the funding.

Applicable documentation for each of the other sources of funds acquired as a result of the disaster(s) including, but not limited to award letters, disbursement proof, statements, etc.

## On-Going Compliance

The policy of TNECD is to recapture any funds that are determined to be a duplication of benefits with other forms of assistance.

During the life of the project, TNECD will require all subrecipients to report and certify whether additional funds were received for project-related expenses, the amount, and when funds were received. If additional funds were received that are determined to be duplicative, repayment shall be required in accordance with the subrecipient agreement.

## Certification

I certify that all of the above information is true and accurate to the best of my knowledge. Further, I understand that this information may be verified by TNECD and provide permission for TNECD to contact other Federal or other governmental agencies, insurance companies, or another applicable entity for the purposes of ensuring that the applicant entity has not received money that is duplicative for the purposes of the CDBG-DR Formula Allocation funding.

By executing this Certification, Subrecipient(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

<b>Signature of Chief Officer:</b>			
<b>Printed:</b>		<b>Date:</b>	