**BUSINESS OWNER ASSISTANCE AFFIDAVIT**

**for Duplication of Benefit (DOB) Meeting the Robert T. Stafford Act (42 U.S.C. 5155)**

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affirm the following:

I/We own the private for profit business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at its principal place of business of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and make this Affidavit in connection with assistance by the State of Vermont, Community Development Block Grant CARES ACT (CDBG-CV) Program.

1. Due to coronavirus pandemic that occurred, the business needed to close and/or have reduced staffing during the dates of to . The Business at the above address, sustained revenue losses in the amount of $ . **This loss must be verified by a third party, verification documents must be attached.**

I/We have received the following recovery assistance funds as the result of the coronavirus pandemic. This is a listing of all funds, related to the coronavirus pandemic, which I/we have received.

|  |  |  |
| --- | --- | --- |
| SBA - Payment Protection Program Loan: | $ |  |
| SBA - Economic Injury Disaster Loan: | $ |  |
| SBA - Express Bridge Loans: | $ |  |
| SBA - Debt Relief Program: | $ |  |
| VEDA Loan(s): | $ |  |
| EDA - Supplemental Economic Adjustment Assistance (EAA): | $ |  |
| FEMA - Disaster Relief Fund: | $ |  |
| FEMA - Public Assistance Program: | $ |  |
| FEMA - Emergency Food and Shelter Program: | $ |  |
| Labor - Dislocated Worker Grants: | $ |  |
| Treasury - Unemployment: | $ |  |
| Treasury - Unemployment Insurance Provisions $600: | $ |  |
| Treasury - The Coronavirus Relief Fund (Federal CARES Act): | $ |  |
| IRS - Economic Impact Payments - Stimulus: | $ |  |
| USDA - Commodity Assistance Program: | $ |  |
| USDA - Child Nutrition Programs: | $ |  |
| USDA - Supplemental Nutrition for Women, Infants and Children (WIC): | $ |  |
| USDA - Disaster Household Distribution: | $ |  |
| USDA - Summer Food Service Program: | $ |  |
| USDA - Emergency Food Assistance Program: | $ |  |
| USDA - Pandemic EBT: | $ |  |
| USDA - Supplemental Nutrition Assistance Program Emergency Allotment: | $ |  |
| HHS - Community Living Allocation: | $ |  |
| Private Financing or Loans: | $ |  |
| Charitable Contributions: | $ |  |
| Municipal Revolving Loan Funds (Grant): | $ |  |
| State Funding: |  $ |  |
| Other Federal Funding: | $ |  |
| Other: |  | $ |  |
|  | **TOTAL** | $ |  |

I/We have received no other assistance funds other than that set forth above.

I/We can produce proof of loss revenue in the total amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(documentation must be attached).**

I/We will notify the Agency of Commerce and Community Development, Department of Housing and Community Development (DHCD) if any additional proceeds or payments are received, whether they are from insurance, SBA, VEDA, EDA, FEMA, Unemployment or any other source, and whether or not such amounts are listed above. Per ACCD Policy 2.4.3 DHCD will determine in its sole discretion if such additional amounts constitute a Duplication of Benefit (DOB) and if some or all of the Proceeds are determined to be a DOB, and the portion that is a DOB shall be paid to the DHCD.

I/We understand that if any statements are found to be false, I may be subject to criminal, civil and administrative penalties and sanctions. I understand that fraud may be investigated by the

Department of Housing and Urban Development, Office of Inspector General, and may be

punished under Federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Business Owner Signature* |  | Date |
|  |  |  |
| *Business Owner Signature* |  | ***Date*** |

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Notary Signature Date***

***(can electronically signed with notary certificate number)***