

APPENDIX D
DUPLICATION OF BENEFITS (DOB) CERTIFICATION (Page 1 of 3)
STATE OF CALIFORNIA
NATIONAL DISASTER RESILIENCY (NDR)
DUPLICATION OF BENEFIT (DOB) CERTIFICATION

JURISDICTION/RECIPIENT AND NDR REPRESENTATIVES		
JURISDICTION/RECIPIENT:	NAME OF JURISDICTION/RECIPIENT STAFF:	
JURISDICTION STAFF TITLE:	PHONE:	EMAIL:
NDR CONTRACT REP. NAME:	PHONE:	EMAIL:

PROJECT ADMINISTRATOR		
ORGANIZATION NAME:	NAME OF ADMINISTRATOR STAFF:	
ADMINISTRATOR STAFF TITLE:	PHONE:	EMAIL:
PROJECT NAME AND LOCATION		
PROJECT NAME:	PROJECT PHYSIAL ADDRESS (with map):	
BRIEF SCOPE OF WORK DISCRIPTION:		
PROJECT FUNDING INFORMATION		
NDR FUNDING: \$	FEMA FUNDING: \$	
DATE OF COMMITMENT:	DATE OF COMMITMENT:	
SBA FUNDING: \$	OTHER FUNDING: \$ (In Comments below, list each source separately with amount and date of commitment.)	
DATE OF COMMITMENT:		
IS THERE A FUNDING GAP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(If yes, provide brief narrative below.)		
COMMENTS:		
PROJECT SOURCES AND USES INFORMATION		
FUNDING SOURCE	ELIGIBLE USE OF FUNDING	
SBA <input type="checkbox"/> NDR <input type="checkbox"/> FEMA <input type="checkbox"/> OTHER <input type="checkbox"/> _____	PURCHASE OF REAL PROPERTY	
SBA <input type="checkbox"/> NDR <input type="checkbox"/> FEMA <input type="checkbox"/> OTHER <input type="checkbox"/> _____	FURNITURE FIXTURES & EQUIPMENT (ED ONLY)	
SBA <input type="checkbox"/> NDR <input type="checkbox"/> FEMA <input type="checkbox"/> OTHER <input type="checkbox"/> _____	CONSTRUCTION/RE-FORESTATION	
SBA <input type="checkbox"/> NDR <input type="checkbox"/> FEMA <input type="checkbox"/> OTHER <input type="checkbox"/> _____	PLANNING	
SBA <input type="checkbox"/> NDR <input type="checkbox"/> FEMA <input type="checkbox"/> OTHER <input type="checkbox"/> _____	ACTIVITY DELIVERY	
SBA <input type="checkbox"/> NDR <input type="checkbox"/> FEMA <input type="checkbox"/> OTHER <input type="checkbox"/> _____	OTHER: _____	

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NDR NON-DUPLICATIVE ASSISTANCE	
<i>Below is a list of funding that may be available for the project but does not qualify a duplicative. Provide a narrative in the comments section for any of the sources below that may need clarification.</i>	
1) FUNDS FOR A DIFFERENT PURPOSE? (If yes, complete below)? a. SBA: \$ for different purpose of: b. FEMA: \$ for different purpose of: c. Insurance: \$ for different purpose of: d. Other: \$ for different purpose of:	<input type="checkbox"/> Yes <input type="checkbox"/> No Total: \$
2) FUNDS FOR THE SAME PURPOSE, DIFFERENT ELIGIBLE USE? (If yes, complete below) e. SBA: \$ for different eligible use: f. FEMA: \$ for different eligible use: g. Insurance: \$ for different eligible use: h. Other: \$ for different eligible use:	<input type="checkbox"/> Yes <input type="checkbox"/> No Total: \$
3) FUNDS NOT AVAILABLE? (If yes, complete below) i. SBA: \$ or reason not available: j. FEMA: \$ or reason not available: k. Insurance: \$ or reason not available: l. Other: \$ or reason not available:	<input type="checkbox"/> Yes <input type="checkbox"/> No Total: \$
4) PRIVATE LOANS/GRANTS AVAILABLE? (If yes, complete below) a. Source: \$ b. Source: \$ c. Source: \$ d. Source: \$	<input type="checkbox"/> Yes <input type="checkbox"/> No Total: \$
5) OTHER ASSETS OR LINES OF CREDIT? (If yes, complete below)? a. Source: \$ b. Source: \$ c. Source: \$ d. Source: \$	<input type="checkbox"/> Yes <input type="checkbox"/> No Total: \$
COMMENTS: <div style="height: 40px; border: 1px solid black; margin-top: 5px;"></div>	

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SIGNATURE OF JURISDICTION/RECIPIENT STAFF

(Authorized Representative has read and certifies all information in this loan memo is true and correct, to the best of their ability.)

I hereby certify under the penalty of perjury that all the information contained in this certification (including all supporting documentation) is true and correct. I understand and acknowledge that making false statement on this certification, including any documents submitted in support of it, is a crime under federal and California state laws, which may result in criminal prosecution.

DATE: _____

PRINT NAME OF AUTHORIZED REPRESENTATIVE: _____

TITLE: _____

SIGNATURE: _____