APPENDIX D
DUPLICATION OF BENEFITS (DOB) MONITORING WORKSHEET

Grantee: _____ **Reviewer:**_____ **Date:** _____

Grant # _____ **Total # of Beneficiaries:** _____ **# Reviewed to Date:** _____ **# Reveiwed this FY:** _____

Instructions: A sufficient sample of case files should be reviewed to determine whether programs have identified and acted upon duplication of benefits in compliance with the Stafford Act and the necessary and reasonable cost pricniples. Attach comments / explanation(s) to describe sampling method and support responses and conclusions.

(1) Activity # / Responsible Organization	(2) Recipient / Beneficiary (Name / Address)		(3) Amount of Assistance from CDBG-DR or CDBG-NDR	(4) Amount of Assistance from Sources Identified in Application and Support Documents? (Yes orNo)					(5) Duplicaiton of Benefit Identified? (Yes / No)	(7) Grant Amount Reduced or Gap Obtained? (Yes / No)	(8) Subrogation Agreemenet for Future Proceeds in Place? (Yes / No)
				Insurance	*FEMA*	*SBA*	*Other*	*Other*			