

## Community Development Block Grant Disaster Recovery Funds DUPLICATION OF BENEFIT

The Stafford Act §312 [42 U.S.C § 5155] prohibits persons, business concerns or other entities suffering losses as a result of a major disaster or emergency from receiving federal benefits for any project which has received financial assistance under any other program or from business or any other source to include non-profit contributions.

I also acknowledge that should there be any Duplication of Benefit discovered, The Oklahoma Department of Commerce (ODOC) will require the grantee to reimburse all funds expended from the referenced grant.

Prior to execution of a grant agreement, the following information must be completed and uploaded into ODOC's OKGrants system at the time of application. *Exception: Due to the nature of Housing / Shelter related activities, Duplication of Benefit will be recorded once an address has been established for grant funding (prior to construction activity).*

JURISDICTION:		CONTACT INFORMATION:								
City / Town / County / Agency Name		PHONE:				EMAIL:				
DISASTER RECOVERY ACTIVITY	ACTIVITY LOCATION	FUNDING SOURCES UTILIZED FOR ACTIVITY (As Applicable)							Total	
	Physical Activity Location - i.e. Street, Road, Property Address (As Applicable)	FEMA \$	SBA \$	INSURANCE \$	NON-PROFIT \$	OTHER (list below)	OTHER (list below)	OTHER (list below)		
1	Rehabilitation/Reconstruction of Public Infrastructure	108th Avenue NE: Rock Creek R. - Franklin Rd.					\$220,000			\$220,000.00
2		168th Ave. NE: Rock Creek Rd. - Indian Hills Rd.					\$330,000			\$330,000.00
3										\$0.00
4										\$0.00
5							CDBG-DR 2014			\$0.00
6										\$0.00
7										\$0.00
8										\$0.00
9										\$0.00
10										\$0.00
11										\$0.00
12										\$0.00
13										\$0.00
14										\$0.00
15										\$0.00
16										\$0.00
17										\$0.00
18										\$0.00
19										\$0.00
20										\$0.00
21										\$0.00
22										\$0.00
23										\$0.00
24										\$0.00
25										\$0.00

By signing below, I hereby certify that all information contained in this document is true and correct.

UNIT OF GENERAL LOCAL GOV / AGENCY:

CHIEF ELECTED OFFICIAL / DIRECTOR:

\_\_\_\_\_  
Signature

DATE: \_\_\_\_\_