

TOWN OF STRATFORD

CDBG-CV Microenterprise Assistance Program

Duplication of Benefits Affidavit

In order to prevent duplication of benefits (double dipping) applicants must identify any other sources of funds that the business has received as a result of the coronavirus pandemic other than insurance. Sources of funds include but are not limited to: Federal, state and local loan/grant programs, private or bank loans, nonprofit donations or loans. Please indicate below the amount received by your business from any and all funding sources. Please be sure to attach all applicable documentation, including requests and letters supporting funding or denial of funding.

Source of Funds #1		
Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan <input type="checkbox"/> Nonprofit Grant <input type="checkbox"/> Private Loan	<input type="checkbox"/> Government Grant <input type="checkbox"/> Nonprofit Loan <input type="checkbox"/> Other: _____	<input type="checkbox"/> Government Forgivable Loan <input type="checkbox"/> Nonprofit Forgivable Loan

Source of Funds #2		
Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan <input type="checkbox"/> Nonprofit Grant <input type="checkbox"/> Private Loan	<input type="checkbox"/> Government Grant <input type="checkbox"/> Nonprofit Loan <input type="checkbox"/> Other: _____	<input type="checkbox"/> Government Forgivable Loan <input type="checkbox"/> Nonprofit Forgivable Loan

Source of Funds #3		
Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan <input type="checkbox"/> Nonprofit Grant <input type="checkbox"/> Private Loan	<input type="checkbox"/> Government Grant <input type="checkbox"/> Nonprofit Loan <input type="checkbox"/> Other: _____	<input type="checkbox"/> Government Forgivable Loan <input type="checkbox"/> Nonprofit Forgivable Loan

TOWN OF STRATFORD

CDBG-CV Microenterprise Assistance Program

Receiving other funding assistance does not automatically disqualify the business from receiving CDBG-CV grant funding. However, the amount of funding under this program may be reduced depending on the documented need.

Please note that any application submitted by the applicant for other sources of funding must include any CDBG-CV funds awarded under this program.

By executing this Affidavit, Applicant(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.

Dated this the ____ day of _____, 2020.

Signature of Applicant

Name and Title of Applicant (Please Print or Type)

____/____/_____
Date