

DUPLICATION OF BENEFITS AFFIDAVIT

INSTRUCTIONS

The affidavit is divided into five (5) sections:

1. Small business assistance duplication of benefits affidavit.
2. Insurance assistance received for disaster related losses.
3. Government, bank and all other funding received by a business for disaster related to COVID-19 losses.
4. Attachments.
5. Signature(s) and affidavit signed by a notary public.

Part 1. Small Business Program Assistance Duplication of Benefits Affidavit

This affidavit must be completed by all small businesses that are applying for assistance from the CDBG-CV funded Small Businesses Assistance Programs being offered by MCDEVCO as loan/grant administrators for the City of Wausau. The information within this affidavit will provide MCDEVCO with vital information for processing the application required by the Stafford Act Section 312 on Duplication of Benefits. All information is confidential.

Business Legal Name _____

Address _____ City _____ State _____ Zip _____

List all owners of 20% or more of the small business.

Indicate with an "X" the program(s) for which your business is applying.

- City of Wausau - \$1500.00 grant.
 City of Wausau – Forgivable loan.

To qualify for the forgivable loan and/or grant your business must be in the City of Wausau.

- YES – my business is located in the City of Wausau.
 NO – my business is not in the City of Wausau.

Part 2. Insurance Duplication of Benefits Affidavit

Insurance company information must be completed even if the *Small Business* named herein did not receive insurance monies as compensation for the COVID-19 pandemic. If there was insurance on your business property (property, flood, wind, economic injury, business interruption or any other kind of insurance), the name of the insurance company, policy number, claim number, and settled amount, if any, must be completed. Copies of the insurance policies in place at the time of disaster, and any correspondence with the insurance companies on or after March 25, 2020 (initial *Safer at Home* was enacted) must be attached to this affidavit.

Please provide information regarding any such insurance policies and information regarding claims filed and paid, if any, in the designated spaces below. If no claim was filed under an insurance policy listed below, fill in the applicable blank with "None."

Insurance Company Name	
Policy Number	
Type of Insurance	
Claim Number	
Settled Amount	

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Policy Number	
Type of Insurance	
Claim Number	
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Part 3. Government, Bank and Other Funding Sources Duplication of Benefits Affidavit

This section identifies any sources of funds that the small business has received as a result of the COVID-19 pandemic other than insurance. Sources of funds include but are not limited to federal, state, and local loan and/or grant programs, private or bank loans, nonprofit donations or loans. Please indicate below the amount allocated to your small business from any and all funding sources for loss due to COVID-19.

Source of Funds #1

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

Source of Funds #2

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

Source of Funds #3

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

Source of Funds #4

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

Part 4. Attachments

Attach to this Affidavit copies of the following:

1. Each insurance policy in force on or after March 25, 2020 that you applied and were awarded funds for a related COVID-19 claim.
2. All correspondence relating to the insurance policies described in (1) of this sentence, including correspondence regarding any claims filed under such insurance policies.
3. Acceptable Documentation for each of the sources of funds (part 3 documentation) acquired because of the COVID-19 disaster.

Part 5. Signature(s) - Must be signed in front of a notary public.

The Applicant appeared before the notary public named below, whom being duly sworn under penalty of perjury and violation of Federal and State laws agrees to the following two (2) statements:

1. I hereby state that I am the owner and/or legal representative of _____ and am duly authorized to make the certifications contained in this affidavit on behalf of the small business.

2. I hereby state and certify to the United States Department of Housing and Urban Development (HUD) and to MCDEVCO and the City of Wausau as follows (please check one blank):

On any date on or after (March 25, 2020), property, flood, and/or wind, economic injury, business interruption or any other kind of insurance **WAS** carried and in force for my _____ Insurance companies name is _____, address is _____, and phone number (with area code) is _____. Claim received for COVID-19 related loss was _____ to be used for _____.

OR

On any date on or after March 25, 2020, your insurance policy did not cover economic injury or business interruptions therefore your business, _____ did NOT qualify for any assistance.

OR

On any date on or after March 25, 2020, **NO** property, flood, and/or wind, economic injury, business interruption or any other kind of insurance was carried and in force for _____.

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 _____, 2021.

Applicant Signature

Applicant Print Name

Joint Applicant Signature

Joint Applicant Print Name

Wisconsin Married Residents – Each applicant who signs below represents that this obligation is incurred in the interest of his or her marriage or family.

1. _____ 2. _____

SUBSCRIBED AND SWORN TO before me, by the above-named Affiant(s) this, the ____ day of _____, 2021, to certify which witness my hand and official seal.

NOTARY PUBLIC
My Commission Expires: _____