**DUPLICATION OF BENEFITS (NON-HOUSING) COMPLIANCE CHECKLIST**

Subrecipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preparer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Prepared: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow-up Review Indicated:  Yes  No

I. **Records and Reports**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Yes** | **No** | **N/A** | **Notes** |
| A | Does the subrecipient have an executed Subrogation Agreement on file for CDBG or CDBG Disaster Recovery Funds? |  |  |  |  |
| B | Does the subrecipient keep a record of all grants, insurance claims, private donations, etc. for disaster recovery? |  |  |  |  |
| C | Does a review of these records indicate a duplication of benefits has occurred? |  |  |  |  |
| D | If “Yes”, which CDBG or CDBG-DR activities are affected? |  |  |  |  |
| E | What is the duplicated amount to be returned to ADECA for each activity affected? |  |  |  |  |