

INDIVIDUAL SELF CERTIFICATION OF NO DUPLICATION OF BENEFIT

I, _____ (print name), do hereby certify that any and all HUD CARES Act CDBG-CV funds that are received by me through the State of Alabama/ADECA will not duplicate funds that are received by me through SBA, FEMA, IRS, Treasury, USDA, HHS and/or any other source for expenditures on the exact same services or activities for which I have received CDBG-CV funds related to COVID-19, unless these funds will be used for the expansion of such services and activities. I understand that, in signing this document, if I make a false statement or knowingly withhold any information regarding benefits received by me, then I may be subject to prosecution to the full extent of the law including fines, imprisonment, and any other punishment.

Signature

Date

SUBROGATION AGREEMENT

As a subrecipient of HUD CARES Act CDBG-CV funds, I understand that these funds are funds of last resort, and any additional financial assistance received by me subsequent to my receiving these CDBG-CV funds in excess of what is needed for the activity being funded, shall be immediately returned to the Alabama Department of Economic and Community Affairs.

Signature

Date