

**DUPLICATION OF BENEFITS CERTIFICATION FORM
MUST BE RETURNED BY _____, 2024**

Duplication of Benefit

As cited in Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5155 – the “Stafford Act”, “the President, in consultation with the head of each Federal agency administering any program providing financial assistance to person, business concerns, or other entities suffering losses as a result of a major disaster or emergency, shall assure that no such person, business concern, or other entity will receive such assistance with respect to any part of such loss as to which he has received financial assistance under any other program or from insurance or any other source.”

The Stafford Act prohibits businesses from receiving multiple forms of disaster assistance or relief for the same loss or expense. The receipt of Invest Atlanta’s Business Recovery Grant funds and any other funds for any of the same expenses could create a Duplication of Benefits. Invest Atlanta has requested information to remove any potential Duplication of Benefits. Select the **one** option below that best describes your Business.

- I, _____, on behalf of Business Name _____ DID receive financial assistance from other funding sources (i.e., insurance proceeds, Economic Injury Disaster Loan, SBA Relief Program , etc.) for the EXACT SAME EXPENSES reimbursed by the Business Recovery Grant Fund Program. I acknowledge and understand that my business is at risk of having to repay all or a portion of the Business Recovery Grant Funds.

(COMPLETE THE TABLE ON PAGE 2. PROVIDE SIGNATURE ON PAGES 2 & 3. RETURN TO INVEST ATLANTA.)

- I, _____, on behalf of Business Name _____ DID NOT receive financial assistance from any other funding source (i.e., insurance proceeds Economic Injury Disaster Loan, SBA Relief Program, etc.).

(PROVIDE SIGNATURE ON PAGE 3. RETURN TO INVEST ATLANTA.)

- I, _____, on behalf of Business Name _____ DID receive financial assistance from other funding sources (i.e., insurance proceeds, Economic Injury Disaster Loan, SBA Relief Program) BUT NOT FOR THE EXACT SAME EXPENSES reimbursed by the Business Recovery Grant Fund Program.

(COMPLETE THE TABLE ON PAGE 2. PROVIDE SIGNATURE ON PAGES 2 & 3. RETURN TO INVEST ATLANTA.)

- I, _____, on behalf of Business Name _____ DECLINE to provide Invest Atlanta with any additional documentation regarding Duplication of Benefits. I assume all responsibility for the occurrence of any Duplication of Benefits. I acknowledge and understand that my business is at risk of having to repay all or a portion of the Business Recovery Grant Funds. I acknowledge and understand that my business is at risk of being deemed ineligible to participate in any future grant or loan programs offered by Invest Atlanta.

(PROVIDE SIGNATURE ON PAGE 3. RETURN TO INVEST ATLANTA.)

I, _____, affirm that I have received the following assistance funds
 from _____ (what program) _____ for **Calendar Year 2024:**

1 Source of Funding	2 Amount Awarded (\$)	3 Use of Funds	4 Verification of Award Attached (✓) or (X)	5 Documentation of Expenditure Attached (✓) or (X)	6 Amount Expended (\$)
a. Small Business Administration (SBA) Loan					
b. Private Funds					
c. Insurance Proceeds					
Total Award					
NOTES:					

 Recipient Signature

 Date

By executing this Certification, Recipient(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 _____, 20____.

Recipient Signature

Print Name

Instructions for Completing the Duplication of Benefits Certification Form

The Business Recovery Grant Program funds which are being used to assist recipients are subject to a Federal law which requires the Program to confirm that recipients have not already received financial assistance from other sources for the same activities for which the Program is providing assistance. The purpose of this form is to verify the amounts paid by government entities and other funding sources to assure that assistance disbursed in this Program is not a Duplication of Benefits (DOB) the business received from other sources.

Column 1 List the Sources of Funding received by type. For insurance, list the name of each company and policy number.

Column 2 Indicate the amount of funding specified from each program received on the appropriate line in the second column. You may add as many additional lines as needed.

Column 3 Indicate the funds for each awarded program (mentioned in Column 1) and where funds were expended.

Column 4 Indicate by checkmark () that you have attached a copy of the corresponding documentation of the funds received (letter from funding source, copy of check, etc.)

Column 5 Indicate by checkmark () that you have attached documentation of how the received funding was used (receipts)

Column 6 List the amount expended from each source.

Indicate the total amount received (Column 2)