

# Guidelines

For

## Utility Bill Assistance Program

Funded By

City of Fort Bragg

With

Community Development Block Grant

Adopted: xx/xx/2025

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# **COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) UTILITY BILL ASSISTANCE PROGRAM GUIDELINES**

## **1.0 INTRODUCTION**

The City of Fort Bragg (“City”) has established the Utility Bill Assistance Program to be known as UBAP (“Program”). The purpose of the Program is to assist the City’s neediest residents by providing emergency financial assistance to low-moderate income persons via payment of utility bills directly to utility providers on behalf of qualified households. With Program assistance, the goal is to assist residents at risk losing essential utility services or housing, breaking the expensive cycle of late payments, shut offs, and restoration fees by providing one-time-only payment relief to qualifying utility account holders. These Program Guidelines have been formally adopted by the City and submitted to the California Department of Housing and Community Development, here after called “the Department”. See **Attachment A** for copy of the adopting resolution.

## **2.0 PROGRAM OVERVIEW**

### **2.1 PROGRAM ADMINISTRATION**

The City and its Program Operator (if applicable) will:

- Market the Program;
- Accept and process participant applications;
- Document participant CDBG Program eligibility; and
- Ensure set up of participant files to document all provided services and associated costs.

The City and its Program Operator will work with program participants and ensure CDBG compliance with these program guidelines.

### **2.2 PROGRAM SERVICE AREA**

Program services are available to all eligible persons residing within Fort Bragg city limits.

### **2.3 FUNDING SOURCE FOR PROGRAM SERVICES**

The Program is paid for with CDBG funds provided by HUD to the Department. As such, these funds have a number of federal requirements that must be met, as described below. These CDBG funds come to the City from Department grant awards that are administered under a formal grant contract. Per HCD’s current [CDBG Program Income Policy](#), Program Income (PI) funds may not be used for Public Services activities, including subsistence payment programs; therefore, Program Income will not be utilized for this program.

### **3.0 CDBG PROGRAM REQUIREMENTS**

#### **3.1 ELIGIBLE PROGRAM APPLICANTS**

To be eligible for the Program, head(s) of households must:

- Complete and sign a Program Application;
- Sign a CDBG Public Service Program Self-Certification of Income form and provide documentation of income as requested by program staff;
- Meet the most recent CDBG Income Limits (less than 80% of the County median income);
- Submit proof of responsibility for any active utility billing account requesting assistance as a home owner or renter;
- Prove residency at the utility billing account address; address must be within City limits
- Prove that the utility is not currently shut off due to delinquent payment;
- Family/Household is not able to access other payment assistance for same costs (no duplication of benefit)
- Provide documentation of need for emergency payment

#### **Documentation of Emergency Status**

Applicants must provide documentation that emergency financial assistance is warranted. Emergency status may be determined by meeting at least one of the following:

- Household income is at or below 30% of the Area Median Income (AMI) per current CDBG Income Limits and is therefore considered to be Extremely Low Income. Extremely Low Income households are presumed to be at risk of homelessness.
- Recent job loss or reduction of work hours
- Late/Delinquent Notices for utilities or rent. At least one utility must be delinquent in order to qualify for emergency status. The presumption is that one delinquent bill may lead to additional late payments, and one-time assistance may cover all utility payments currently due in order to break the cycle.
- Additional emergencies may be considered on a case by case basis, pursuant to section 4.6.

Eligible applicants documented as meeting the Program eligibility requirements are hereafter referred to as “Program Participants”.

#### **3.2 INELIGIBLE PROGRAM APPLICANTS**

An ineligible Program applicant is anyone whose primary residence is outside of the service area. Persons residing in a household that exceeds current Income Limits are not eligible. Utility account holders whose utility is currently shut off are not eligible. Businesses or non-profit organizations are not eligible for the program. Prior recipients of Program financial assistance are not eligible for additional emergency financial assistance unless a period of no less than twelve

months has passed. Applicants receiving other assistance for the same expenses (duplication of benefits) are ineligible.

### **3.3 ELIGIBLE UTILITY SERVICES**

Utility services eligible for program payments include the following:

- Water/Sewer Services
- Electricity Services
- Waste Collection
- Propane, Kerosene, Diesel, etc. (when such fuel is required for operation of household heating or food preparation)

Payments will be made directly to utility providers on behalf of qualified households. Program may pay for delivery of service and late fees but will not pay for maintenance, repair, or other penalties.

### **3.4 TIMEFRAME FOR RECEIVING PROGRAM SERVICES**

The Program will operate as long as funding is available. Once funding is depleted or the expenditure period of the active agreement with HCD has expired, the Program will cease until or unless additional Program funding is secured. Program Participants are eligible for one-time-only financial assistance, which may cover up to three consecutive months. Program participants may reapply for the program if at least twelve months have passed since they last received assistance, as funding is available.

### **3.5 MEETING CDBG NATIONAL OBJECTIVE REQUIREMENT**

Under federal regulations, use of CDBG funds for emergency financial assistance must meet the national objective of benefit to low and moderate income persons under the Limited Clientele definition. As such, all Program Participants must be documented as meeting the HUD low/moderate income definition prior to receiving any Program services. The most recent CDBG Public Service income self-certification form will be used to preliminarily screen applicants for income eligibility and program staff will verify income of program applicants prior to approving the use of Program funds for subsistence payments. Applicants must submit documentation of income as requested, which may include such items as tax returns, bank statements, pay stubs, etc. The most recently released CDBG Income Limits are included as **Attachment B**. The Income Limits are periodically updated. The current Income Limits are available at the Department website at the following link: <https://www.hcd.ca.gov/funding/income-limits/state-federal-income-limits/cdbg-home-nhtf>.

If the City learns that the applicant's income information is not accurate and/or the program participant is over HUD's income limits, then a program applicant is ineligible and program services currently offered will immediately cease.

### **3.6 OTHER CDBG FEDERAL LAWS AND REGULATIONS**

There are a number of federal laws and state regulations that are triggered with

the use of CDBG funding for a Public Service Program. The City will ensure compliance with these other CDBG regulations.

National Environmental Policy Act (NEPA) federal environmental laws per regulation 24 CFR 58 are not triggered for individual Program Participants; nor are there any compliance requirements for Davis Bacon and related Acts for Program activities under these guidelines. Acquisition and relocation laws are also not triggered when using CDBG funds for Program services.

## **4.0 APPLICATION PROCESSING FOR PROGRAM SERVICES**

### **4.1 PROGRAM MARKETING AND OUTREACH**

Upon the City's receipt of a Department letter releasing Program funding, the City and/or Program Operator will conduct outreach and marketing to individuals in the Program service area. City staff and/or Program Operator will work together to develop a marketing plan for the Program to outreach to persons in the community regarding the availability and accessibility of the Program. This plan shall be kept on file and updated as needed to ensure that all residents in the service area are informed about and have access to Program applications.

### **4.2 EQUAL OPPORTUNITY COMPLIANCE**

This Program will be implemented in ways consistent with the City's commitment to state and federal equal opportunity laws. No person shall be excluded from participation in, denied the benefit of, or be subjected to discrimination under any program or activity funded in whole or in part with CDBG program funds on the basis of his or her religion or religious affiliation, age, race, color, ancestry, national origin, sex, marital status, familial status (number or ages of children), physical or mental disability, sexual orientation, or other arbitrary cause.

### **4.3 PROGRAM APPLICATION PROCESSING**

Applications will be processed on a first come first served basis until available funding is depleted. See **Attachment C** for a sample Program Application form. City staff or Program Operator will accept applications and review for HUD income eligibility per Department standards and for other program eligibility requirements. The Program Operator will submit copies of all applicants' Self-Certification forms to the City for review and final approval.

All Program Applications received, both denied and approved, will be logged and kept on file in accordance with Department records retention act. Applicants who do not meet eligibility requirements of the program will be notified in writing with an explanation of ineligibility. Files will be set up for all eligible program participants to document compliance with all CDBG regulations, Department policy, and adopted Program Guidelines, and to document all services provided.

### **4.4 DUPLICATION OF BENEFITS POLICY**

A CDBG grantee is required to develop and maintain adequate procedures to

prevent a duplication of benefits that address (individually or collectively) each activity or program. A grantee's policies and procedures are not adequate unless they include, at a minimum: (1) a requirement that any person or entity receiving CDBG assistance must agree to repay assistance that is determined to be duplicative; and (2) a method of assessing whether the use of CDBG funds will duplicate financial assistance that is already received or is likely to be received by acting reasonably by evaluating need and the resources available to meet that need. It is the intent of the section below to present the City policy to uphold, enforce and document conformance with the duplication of benefits requirements which cover use of its CDBG funds when providing emergency financial assistance:

All applications to the UBAP are required to complete a Duplication of Benefits Affidavit as part of the application process. This affidavit acknowledges the City's requirement that any person or household receiving UBAP assistance must agree to repay assistance that is determined to be duplicative.

To meet HUD's requirements, the City has developed a method of assessing whether the use of UBAP funds will duplicate financial assistance that is already received or is likely to be received by acting reasonably in evaluating need and the resources available to meet that need.

This assessment process is as follows:

1. Upon receipt of the completed application packet, Program Operator reviews the Duplication of Benefits Affidavit to determine if the applicant has reported receiving any potentially duplicative assistance.
2. If so, the City may request additional information from the applicant, including:
  - a. Dates funds were received
  - b. Specific uses of funds received, including receipts and dates as appropriate.
3. Based on a review of this information, the Program Operator and/or City may:
  - a. Determine that there is no duplication and proceed with consideration of the application for the full amount requested.
  - b. Determine that there is a partial duplication and proceed with consideration of the application for an amount that reduces the request by the DOB amount
    - i.  $\text{Amount Requested} - \text{Amount of DOB} = \text{Eligible Amount}$
  - c. Determine that there is a complete duplication and deny the application
4. In the event that an application is approved in part, the City will also include in the funding documents specific information around what the funds may be spent on so as to avoid duplication of benefits.

All application documents, including the Affidavit and Subrogation Agreement,

shall be retained in compliance with HUD's record retention requirements.

#### **4.5 PROGRAM PARTICIPANT / APPLICANT CONFIDENTIALITY**

All personal financial information will be kept confidential. Program Participant files with personal confidential information will be kept in locked, secured storage units.

#### **4.6 DISPUTE RESOLUTION / APPEALS PROCEDURE**

Any person applying for Program services has the right to appeal a denied application. The appeal must be made in writing to the City. A written response to the appeal will be provided to the applicant by the City within 30 days of receipt of the applicant's appeal letter.

#### **4.7 EXCEPTIONS / SPECIAL CIRCUMSTANCES**

Exceptions are defined as any action which would depart from policy and procedures stated in the guidelines. Exceptions to these guidelines are limited to those that do not conflict with Federal regulations. Exceptions may be recommended by the Program Operator or the City and will require approval by a City committee comprised of the staff CDBG specialist, Community Development Director or designee, and Finance Director or designee.

### **5.0 PROGRAM SERVICE DELIVERY**

#### **5.1 PROGRAM ELIGIBILITY REVIEW**

Upon receipt of a completed Program Application including all required attachments, City staff or Program Operator will review the Self-Certification form for income eligibility. If applicants are income-eligible, City staff or Program Operator will confirm other eligibility requirements including status of utility account holders' bill and primary residency at the account address. Applicants whose utility service has been shut off for non-payment are not eligible for the Program.

#### **5.2 PROGRAM SUBSIDY**

For eligible Program Participants, the amount eligible for the Program subsidy will be calculated at 100% of the total utility bill balance, up to \$500 (total of all utility bills, not each individual bill). The approved Program subsidy will be paid directly to the utility provider to the Program Participant's utility account. The Program subsidy will be paid only after the Program Participant has provided a complete program application and any supplemental documents, and has been approved by the Program Operator. Payments are made via check directly to the utility provider.

### **6.0 PROGRAM OVERSIGHT BY CITY**

#### **6.1 OVERSIGHT OF PROGRAM OPERATOR**

City staff will serve as the primary contact with the Department. If an outside



consultant (Program Operator) is to be hired by the City to administer the program, the City will be responsible for securing services of a qualified Program Operator for implementation of the Program prior to starting any activities under these Program Guidelines. The scope of work for the Program Operator will include all administration and documentation required for Program services as described in these Program Guidelines and as required for CDBG compliance.

## **6.2 TRACKING PROGRAM SERVICES TO PARTICIPANTS**

City staff oversees and monitors all work conducted by the Program Operator. Monthly or quarterly meetings will be conducted to review the program status of: 1) marketing efforts; 2) applications received; 3) eligible Program Participants being served; 4) successful Program Participant stories; 5) demand for different services and need for more resources or partners; 6) review of program tracking forms as developed by Program Operator and approved by City; 7) review of Department reports and funds requests for reimbursement of Program Services; and 8) preparation for Department monitoring of the City's grant contract and Program services. As per the executed agreement between the City and the Program Operator, all required reports under open grant contracts will be reviewed and approved by City staff.

## ATTACHMENT A

### GRANTEE'S DRAFT RESOLUTION ADOPTING GUIDELINES [To be replaced with Executed Resolution Adopting Program Guidelines]

RESOLUTION NO. \_\_\_\_-2025

#### RESOLUTION OF THE FORT BRAGG CITY COUNCIL ADOPTING PROGRAM GUIDELINES FOR THE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) UTILITY BILL ASSISTANCE PROGRAM (UBAP)

**WHEREAS**, the City of Fort Bragg has received an award from the 2024 funding year of the Community Development Block Grant (CDBG) program under the Public Services allocation to operate a Utility Bill Assistance Program (UBAP) to provide emergency subsistence payments to residents; and

**WHEREAS**, CDBG requires that to operate a subsistence program, jurisdictions must adopt Program Guidelines to govern program operation and to ensure compliance with CDBG State and Federal requirements; and

**WHEREAS**, as the first milestone identified in the award agreement, City Council must adopt Program Guidelines prior to implementing the UBAP; and

**WHEREAS**, the UBAP Program Guidelines include the following elements: program overview; program requirements; application process; program delivery; program oversight; and as attachments, the jurisdiction's executed Resolution adopting Program Guidelines, current CDBG Income Limits applicable to the Program, and a sample Program Application; and

**WHEREAS**, per CDBG regulations, the City Council conducted a Public Hearing to solicit comments regarding adoption of the City's Utility Bill Assistance Program Guidelines on October 14, 2025; and

**WHEREAS**, based on all of the evidence presented, the City Council finds as follows:

1. Elements have been incorporated in the Program Guidelines such that they are compliant with current CDBG regulations and also adequately reflect local program particulars.
2. The City Council conducted a duly noticed public hearing on October 14, 2025, to receive public comment on the proposed adoption of the Utility Bill Assistance Program Guidelines.

**WHEREAS**, the program activity is considered Categorically Excluded from National Environmental Protection Act (NEPA) review and not subject To 58.5 per 24 CFR 58.35(b)(2) and is exempt from California Environmental Quality Act pursuant to the common sense exemption 15061(b)(3). It can be seen with certainty that this program will not have a significant impact on the environment.

**NOW, THEREFORE, BE IT FOUND, DETERMINED, AND RESOLVED BY THE CITY COUNCIL OF THE CITY OF FORT BRAGG AS FOLLOWS:**

1. The above Recitals are true and correct and are incorporated herein as findings of fact.

## ATTACHMENT A

### GRANTEE'S DRAFT RESOLUTION ADOPTING GUIDELINES

2. The Program Guidelines for the Community Development Block Grant (CDBG) Utility Bill Assistance Program (UBAP) is adopted.

The above and foregoing Resolution was introduced by Councilmember \_\_\_\_\_, seconded by Councilmember \_\_\_\_\_, and passed and adopted at a regular meeting of the City Council of the City of Fort Bragg held on the      day of \_\_\_\_\_, 2024, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

RECUSED:

\_\_\_\_\_  
Jason Godeke  
Mayor

ATTEST:

\_\_\_\_\_  
Diana Paoli  
City Clerk

## ATTACHMENT B

### CURRENT CDBG INCOME LIMITS

#### STATE CDBG AND HOME TABLE OF 2025 INCOME LIMITS

EFFECTIVE JUNE 1, 2025\*

Income Category	Number of persons in household							
	1	2	3	4	5	6	7	8
"30%" Limit	\$19,750	\$22,550	\$25,350	\$28,150	\$30,450	\$32,700	\$34,950	\$37,200
"50%" Limit	\$32,900	\$37,600	\$42,300	\$46,950	\$50,750	\$54,500	\$58,250	\$62,000
"60%" Limit	\$39,480	\$45,120	\$50,760	\$56,340	\$60,900	\$65,400	\$69,900	\$74,400
"80%" Limit	\$52,600	\$60,100	\$67,600	\$75,100	\$81,150	\$87,150	\$93,150	\$99,150

#### PROGRAM PARTICIPANTS' HOUSEHOLD INCOME MUST NOT EXCEED THE "80%" LIMIT FOR THE HOUSEHOLD SIZE

\*The above income limits are periodically updated. For the most current income limits, please visit the following link at the California Department of Housing and Community Development website:

<https://www.hcd.ca.gov/funding/income-limits/state-federal-income-limits/cdbg-home-nhtf>

**ATTACHMENT C**  
**SAMPLE PROGRAM APPLICATION**

**CITY OF FORT BRAGG**

**Community Development Block Grant Program (CDBG)  
Utility Bill Assistance Program - Application and Verification Form**

Up to \$800.00 total is available to qualifying families for emergency subsistence payments. To request assistance, you must meet the program requirements, submit required documentation, and certify this form. Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure. If approved, payments will be made directly to the service provider on your behalf.

Please print legibly:

Applicant Information	
Name	
Residential Address	
Email	
Phone	

Emergency Status		
Have you received a late payment due, eviction notice or other proof that loss of housing or essential utility services is at risk and emergency payment is needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, list <u>emergency</u> :		
Number of months unable to pay (program may cover up to three):		
Please attach proof of emergency with your application. This is required for approval of assistance.		

Utility Information
<i>Instructions:</i> Please enter information in the applicable Utility information boxes below and on the next page. Fill out all requested information for each utility you are requesting assistance with AND provide a copy of your most recent bill for that utility, including the payment coupon for mail-in payment. Leave <u>blank</u> any utilities you are not requesting assistance with.

Water / Sewer Utility Payment Requested	
Utility Service Provider	
Account Holder Name	
Account Number	
Account Address	
Month(s) to Cover	
Amount	\$

Electric Utility Payment Requested	
Utility Service Provider	
Account Holder Name	
Account Number	
Account Address	
Month(s) to Cover	
Amount	\$

Propane / Natural Gas / Heating Oil Utility Payment Requested	
Utility Service Provider	
Account Holder Name	
Account Number	
Account Address	
Month(s) to Cover	
Amount	\$

Waste Collection Utility Payment Requested	
Utility Service Provider	
Account Holder Name	
Account Number	
Account Address	
Month(s) to Cover	
Amount	\$

Total Utility Payments Requested	
<i>Instructions:</i> Add the amounts requested for all utilities together to find the total amount requested. Enter the total amount in the box below:	
Total Utility Request Amount	\$

Duplication of Benefit	Yes	No
<i>DUPLICATION OF BENEFIT</i> – Have you received, or are aware of being eligible to receive from another source, any financial assistance for the costs listed above?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please <a href="#">list on</a> pages 6 and 7 of this application, and attach documentation of assistance.		

LMI Household Income Qualification Questions							
Total Annual Household Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), from all adult members in the family living in the household. Consult the program if unsure.							
Total Household Income anticipated during the next 12 months							
Name  List all household members, including yourself. Attach a page listing additional members if needed.	Age	Check if Applicable			Annual Gross (Pre-Tax) Income	Source of Income	
		Head of Household	Co-Head of Household	Full-Time Student 18 Yrs. or Older			
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
Total Anticipated Annual Household Income:					\$		
CIRCLE the number of household members, including yourself:							
1	2	3	4	5	6	7	8+
\$52,600	\$60,100	\$67,600	\$75,100	\$81,150	\$87,150	\$93,150	\$99,150
Is your <b>anticipated</b> total household income <b>LOWER</b> or <b>HIGHER</b> than the \$ amount listed directly below the number of people circled above? If <b>LOWER</b> , attach proof of annual household income (such as latest tax return, quarterly tax, pay stubs, or bank statements).						LOWER	HIGHER
						<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity (select one)			<input type="checkbox"/> Not Hispanic		<input type="checkbox"/> Hispanic		
Race (select the box the most closely represents your racial identity)							
White		<input type="checkbox"/>		Asian		<input type="checkbox"/>	
Black or African American		<input type="checkbox"/>		Native Hawaiian or Pacific Islander		<input type="checkbox"/>	



American Indian or Alaskan Native	<input type="checkbox"/>	American Indian/Alaskan Native and White	<input type="checkbox"/>
Asian and White	<input type="checkbox"/>	Black/African American and White	<input type="checkbox"/>
American Indian/Alaska Native and Black/African American	<input type="checkbox"/>	Other or <u>Multi-Racial</u>	<input type="checkbox"/>
Are you a Veteran?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you Disabled? <input type="checkbox"/>
			YES <input type="checkbox"/>
			NO <input type="checkbox"/>

Duplication of Benefits Affidavit ("Affidavit")

I/We, \_\_\_\_\_ affirm the following:

1. I/We is/are executing this Affidavit in connection with assistance that we are receiving to help us with emergency financial assistance in the form of utility subsistence payments ("**Need**") in the amount of \_\_\_\_\_ ("**Amount of Assistance or Total Need**") from the City of Fort Bragg ("**Organization**") through a program administered by the City of Fort Bragg with funding from the U.S. Department of Housing and Urban Development (the "**Program**").
2. The Organization and I/We believe the **Amount of Assistance/Total Need** is \_\_\_\_\_
3. In addition, I/We have received or will receive the following amounts and types of assistance from the sources listed below ("**Duplicative Assistance**"):

**(a) 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: _____

**(b) 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: _____

Duplication of Benefits Affidavit ("Affidavit")

**(c) 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: _____

**(d) 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: _____

**(e) Source of Funds #5**

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: _____

4. Total Unmet Need (2- (3(a) + 3(b) + 3(c) + 3(d) + 3(e)) ) \$ \_\_\_\_\_.

Duplication of Benefits Affidavit ("Affidavit")

5. I/We have received no other assistance funds for the Need listed in Paragraph 1 other than that set forth above in paragraph 3.
6. I/We understand that the amount of assistance received by I/We from the City of Fort Bragg must be reduced by the amount of Duplicative Assistance received or that will be received for the Need, from other sources (such as, FEMA, SBA, the Red Cross, the City homeowner's insurance, etc.) for the same purpose.
7. Therefore, I/We understand that if I/We receive assistance from a source other than City of Fort Bragg (such as, FEMA, SBA, the Red Cross, the City, homeowner's insurance, etc.) for the Need for the same purpose, I/We must repay the assistance received from City of Fort Bragg.
8. I/We certify under State and Federal penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that repayment of all assistance received by Me/Us from City of Fort Bragg, payment of fines and/or imprisonment may be required in the event that I/We provide false, incomplete or misleading information in this Affidavit or during the rest of this process. **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.**

Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_