



Duplication of Benefits Affidavit

This document to be signed and attached to applicant's Prescott Cares application packet.

CERTIFICATION

As a recipient of Prescott Cares funds which are made available by the US Department of Housing and Urban Development and the City of Prescott AZ, I assert that:

1. I will not apply for more funding than needed for the eligible activity or project for which Prescott Cares funds are provided. For example, if I have \$100 available from another source towards each monthly gas bill and I am applying for Prescott Cares funds to pay for my total monthly gas bill of \$500, Prescott Cares funds will be limited to \$400 per month for up to three months.
2. I understand that duplication of benefits (DOB) are prohibited under the federal Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act).
3. I will immediately report to the Prescott Chamber of Commerce if I apply for or accept any financial assistance from other funding sources (federal, state, local or private) that constitute a duplication of benefits received under the Prescott Cares Individual and / or Microenterprise and Small Business Relief Grant Programs.
4. I acknowledge that any duplication of funds may either have to be paid back to the City or that the grant funds may be reduced by a corresponding amount.
5. I understand that this affidavit is appended to and part of the application that the Business or individual applicant provides to the Prescott Chamber / City for Prescott Cares funds and is a condition of the receipt of such funds.

I certify that the information that I have provided above is an accurate and complete disclosure. I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

Date: _____/_____/ 2022

Business or Individual Applicant signature: _____

Business or Individual Applicant printed name: _____

