

# COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) CV EMERGENCY ASSISTANCE PROGRAM GUIDE

WISCONSIN DEPARTMENT OF ADMINISTRATION DIVISION OF ENERGY,  
HOUSING, AND COMMUNITY RESOURCES



NOVEMBER 2024

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## INTRODUCTION

The State of Wisconsin Department of Administration's (DOA) Division of Energy, Housing and Community Resources (DEHCR) has developed this handbook as a resource to clarify the rules for grant recipients and to help ensure compliance with CDBG CV program requirements.

Grantees awarded CDBG CV funding must follow all policies and procedures included in this handbook and the referenced materials as noted. While this handbook contains guidance for a combination of state and federal requirements to assist Grantees in meeting their awarded program obligations, it should be noted that some independent judgment may be required on the part of the Grantees when making certain decisions. DEHCR fully expects recipients of CDBG CV funding to comply with all applicable requirements, regardless of the information and materials included in this handbook or any referenced handbook herein.

## CDBG CV PROGRAM OVERVIEW

The Coronavirus Aid, Relief, and Economic Security Act (Pub. L. 116–136) (CARES Act) was signed into legislation on March 27, 2020. The CARES Act made available \$5 billion in CDBG coronavirus response (CDBG CV) funds to prevent, prepare for, and respond to coronavirus principally for the benefit of persons of low and moderate income.

The United States Department of Housing and Urban Development (HUD) administers the CDBG Program, which is governed by Title I of the Housing and Community Development Act of 1974 as amended ([https://www.hud.gov/sites/documents/CDBG\\_24\\_CFRPART570.PDF](https://www.hud.gov/sites/documents/CDBG_24_CFRPART570.PDF)) and federal regulations at 24 CFR 570.480-497 (Subpart I) (<https://www.hudexchange.info/sites/onecpd/assets/File/CDBG-State-National-Objectives-Eligible-Activities-Appendix-B.pdf>).

The Omnibus Budget Reconciliation Act of 1981 (<https://www.congress.gov/bill/97th-congress/house-bill/3982>) authorized states to administer the CDBG programs.

## ELIGIBLE RECIPIENTS & ACTIVITIES

DEHCR will award CDBG CV funding for emergency assistance to Grantees to perform eligible activities in non-entitlement areas. This funding may *not* be used in HUD entitlement areas, which include the cities of Appleton, Beloit, Eau Claire, Fond du Lac, Green Bay, Janesville, Kenosha, La Crosse, Madison, Milwaukee, Neenah, Oshkosh, Racine, Sheboygan, Superior, Wausau, Wauwatosa, and West Allis as well as Dane, Milwaukee, and Waukesha counties.

Eligible activities are limited to hotel/motel vouchers, emergency shelter operations, and subsistence payments for current and past rent and/or utility payments to prevent homelessness which would increase the likelihood of spreading COVID-19.

Grantees are responsible for ensuring that proper documentation is maintained to ensure that all costs incurred are eligible. Grantees are responsible for developing policy as to how they will operate and administer the CDBG CV program. Grantees may only provide assistance as outlined in their Grant Agreement.

## ADMINISTRATIVE REQUIREMENTS

Grant recipients are required to prepare, maintain and submit to DEHCR all records required to document compliance with the CDBG CV program. Detailed information on Administrative requirements including record keeping and monitoring can be found in Chapter 2 of the CDBG Implementation Handbook at: <https://energyandhousing.wi.gov/Pages/AgencyResources/CDBG-Implementation-Handbook.aspx>.

## DUPLICATION OF BENEFITS

All persons and households, also known as the applicant, receiving assistance under the CDBG CV Program are required to report any benefits received for the same services for which they are applying under this program. The applicant must complete and sign a Duplication of Benefits Statement. Should a duplication of benefits occur, the Grantee will be required to collect the excess amount and return those funds to DOA.

## ENVIRONMENTAL REVIEW

All Community Development Block Grant (CDBG) projects must meet the requirements of federal, state and local environmental regulations. At the federal level, all CDBG projects must meet the requirements of the National Environmental Policy Act of 1969 (NEPA).

All emergency assistance activities are considered exempt from Environmental Review. However, all grantees must complete the Environmental Review Exemption Form provided at the end of this guide.

## REPORTING REQUIREMENTS

CDBG programs must report certain accomplishments and information quarterly, semi-annually, and annually. The Grant Agreement will designate required reports, document submission due dates, and activity completion benchmarks for the project.

Specific information for required reports can be found in Chapter 9 of the CDBG Implementation Handbook at: <https://energyandhousing.wi.gov/Pages/AgencyResources/CDBG-Implementation-Handbook.aspx>.

### Beneficiary Data:

DEHCR is required to maintain records documenting the demographic information pertaining to CDBG CV project beneficiaries, which may include (but is not necessarily limited to): race, ethnicity, household size, and number of persons served. Grantees will be required to compile all of the individual data collected and complete the CDBG CV Project Client Income Certification Report found in the Forms Section at the end of this handbook. Each activity undertaken by the Grantee will have its own report.

### Single Audit:

In addition to semi-annual reports, the Grantee must establish whether the Single Audit requirements listed in Uniform Guidance 2 CFR 200 apply. The Grantee must submit a Single Audit Statement letter (Attachments 9-I / Attachment 9-J) to DEHCR by January 15th of each calendar year for the duration of the Grant Agreement.

## FINANCIAL MANAGEMENT

Accurate financial record-keeping, including timely deposit, payment and accounting of Community Development Block Grant (CDBG) funds is crucial to the successful management of all CDBG funded projects.

Federal regulations governing the CDBG program require Grantees to establish adequate recordkeeping. A key provision requires records pertaining to authorizations, obligations, unobligated balances, assets, liabilities, outlays and income be maintained. In the event of conflict between the language specified in the contract and this handbook or other supporting documents, the provisions in the contract regarding financial records shall take precedence.

Detailed information on financial management can be found in Chapter 8 of the CDBG Implementation Handbook found here:

<https://energyandhousing.wi.gov/Pages/AgencyResources/CDBG-Implementation-Handbook.aspx>.

*NOTE: The CDBG CV program does not have a local match requirement.*

## PROJECT COMPLETION

Final project completion occurs when all funds have been expensed and all reporting, monitoring, and completion submission responsibilities related to all projects have been completed by the Grantee and approved by DEHCR.

Detailed information on the requirements of project completion including the required forms can be found in Chapter 10 of the CDBG Implementation Handbook found here:

<https://energyandhousing.wi.gov/Pages/AgencyResources/CDBG-Implementation-Handbook.aspx>.

## PUBLIC ASSISTANCE PROGRAMS

Grantees will be required to have applicants of the **rent/utility assistance** programs fill out a CDBG CV application. Information from all members currently residing in the household is required. Items that must be included in the application are as follows:

- Applicant and household information including name, birthdate, age, social security number, ethnicity, and race.
- Applicant and household income and asset information.
- Rental and/or utility information.
- Year the unit was constructed.
- Duplication of Benefits Statement and a signed Subrogation agreement that should a duplication of benefits occur the applicant will be required to repay the duplicated amount to the Grantee. (Sample provided at the end of this handbook)
- Release of Information statement signed by all adult household members.

Applicants of **shelter and/or motel voucher assistance** programs are not required to fill out an application. These applicants must fill out a self-certification of income form that includes the household size, annual income, and the race and ethnicity of the household.

Direct assistance payments that continue past 100 days are subject to the Lead Safe Housing Rule (LSHR) and is subject to a visual lead-based paint inspection. The 100 days begins at the time of the first

payment going forward. As direct payment assistance period approaches the end of the 100-day grace period, the grantee must undertake a visual inspection. Per HUD Guidance, due to the Coronavirus, it may not be possible for an onsite visual inspection to occur. If the situation does not allow for an onsite visual inspection, the owner(s) or a surrogate may perform a remote visual inspection. Grantees are encouraged to develop policies and procedures that allow this method and the necessary documentation required for it. *Only units constructed prior to January 1, 1978 are subject to the LSHR.*

## RENT/SECURITY DEPOSIT/ UTILITY ASSISTANCE

CDBG CV funds may be used to provide assistance for rent, security deposit, or utility payments to alleviate the housing burden for low-to-moderate income (LMI) households in order to maintain housing and prevent the further spread of COVID-19. Applicants are eligible to receive up to the full monthly payment equal to one month's rent, utility payment, or the full amount of security deposit. Payments for arrears may cover more than one month. Eligibility will be determined at initial application and income determination. The maximum duration of assistance payments will not exceed six (6) consecutive months. Forward payments are not allowable; applicants must show need at the time of application.

CDBG CV grantees must ensure that proper documentation is maintained to ensure that all costs incurred are eligible. Grantees must document, in their policies and procedures, how they will determine the amount of assistance to be provided is necessary and reasonable. All expenses must be properly documented. All funds are provided as a grant to the applicant/household.

Per HUD guidance, "If an individual or family is one or more months in arrears, a grantee may cover some or all the amount in arrears within the first month of assistance and continue through the applicable consecutive period of assistance. For example, for an individual four months in arrears on rent who applied for emergency payment assistance under CDBG CV, the covered period may include the four months they are in arrears within the payment for the first month of assistance then continue for up to five more months to fulfill the up-to-six-consecutive-month-period allowance. The grantee must base the assistance on a need (for CARES Act, the need must be related to coronavirus preparation, response, and recovery) and cover necessary and reasonable costs. If a grantee chooses to implement subsistence payments covering arrears, the grantee's policies and procedures for the program should set clear parameters for the types, amounts, and timing for assistance for each individual or family."

### Eligible Applicants and Requirements:

Assistance is available to renters with household incomes **at or below 80% of County Median Income (CMI)**. Documentation of current household income from all sources, including any governmental assistance payments received due to COVID-19 is required. All applicants must provide a statement of why the assistance is required.

CDBG CV assistance may not be used to pay for any eligible expense that is being paid by another source (duplication of benefits). However, CDBG CV funds may be used to cover the unmet cost of the assistance needed. Under no circumstances will CDBG CV funds be used for costs already fully covered by other programs.

***If the household is receiving any type of rental assistance including but not limited to Section 8, Public Housing, SSVF, Permanent Supportive Housing, or TBRA, they are ineligible for this program.***

#### Types of Assistance:

Applicants that meet all the criteria listed above are eligible to apply for financial assistance for rent payments, security deposit, and utility assistance or fuel costs for a period not to exceed six (6) consecutive months. Under this program utilities do not include cable, telephone, or internet services. All payments made on behalf of the applicant will be paid directly to the vendor. **Under no circumstance will the payment be made directly to the household.**

Assistance may be provided for current and/or future rent and utility payments and any unpaid rent or utility payments that were due on or after January 21, 2020. Any combination of past, current and/or future payments are eligible, provided the assistance does not exceed a total of six (6) consecutive months.

Documentation of the unpaid amount for each month is required. **Assistance may not be paid until it is due.**

#### Program Requirements for all Applicants:

- Applicants must fill out an application for assistance.
- Applicants must attest that lack of assistance will impact their ability to stay housed and/or access shelter to remain off the street and becoming unhoused will increase the likelihood of contracting and/or spreading COVID-19.
- Documentation of rent owed and/or security deposit needed and or utility assistance needed.
- Documentation that the unit for which assistance is being paid is the primary and occupied residence of the applicant/household.
- Documentation of other relief programs applied for, including the history of benefits received or estimated benefits during the time of requested assistance.
- Assistance is limited to a maximum of six (6) consecutive months.
- Applicants must sign and comply with a Declaration of Benefits (DOB) statement and Subrogation Agreement to repay the assistance if funding is received from another state, federal, or local resource.
- All applicants must receive the EPA pamphlet “Protect Your Family from Lead in Your Home” and sign an acknowledgement that they received the pamphlet. The link to the pamphlet can be found here: <https://www.epa.gov/lead/protect-your-family-lead-your-home-english>.

#### Additional Requirements:

- A Lease Agreement or a letter/email from the rental property owner indicating the amount of rent the tenant pays and a statement that the household was in good standing with the property owner and not subject to an eviction for failure to pay rent prior to January 21, 2020.
- Statement from the property owner/landlord of any unpaid rent and months for which they are due.
- Renters that have an eviction notice are eligible for assistance if the assistance will stop the eviction and the renter has sufficient income or other resources to remain in the home after the CDBG CV assistance is exhausted.

## SHELTER OPERATIONS AND HOTEL/MOTEL VOUCHER EMERGENCY ASSISTANCE

CDBG CV funds may be used to support shelter operations and to provide hotel or motel vouchers to households who have experienced homelessness due to COVID-19 or to assist in the prevention and/or spread of COVID-19 for homeless individuals. Hotel or motel vouchers may also be provided to individuals or families who may need to self-isolate (quarantine) due to COVID -19. Vouchers may not be provided directly to the household. Arrangements must be made with the hotel or motel owner to receive the vouchers on behalf of household(s).

For the purpose of this program, homeless is defined below. Should a homeless situation occur that is not listed below, please contact the Program Manager for guidance.

- Living on the street or sleeping in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (including a car, park, abandoned building, bus station, airport, or campground); or
- Living in a shelter designed to provide temporary living arrangements; or
- Living with others and is not listed as a household member on the lease; or
- Is fleeing or attempting to flee a domestic violence situation; or
- Has an eviction or foreclosure from their primary place of residence and has received a court order judgement to vacate; or
- Is exiting an institution and has not secured permanent housing.

### Eligible Applicants and Requirements:

Eligible applicants include homeless households or households who must quarantine or isolate due to COVID-19. All clients served under this program must have incomes at or below 80% of the County Median Income (CMI). For purposes of this program, all homeless households may self-certify their household income. The length of assistance will be determined by the Grantee, but efforts to permanently house the household as quickly as possible are required.

## DETERMINING INCOME

In order to receive CDBG CV assistance, households must have documented incomes at or below 80% of the County Median Income (CMI) for the geographic area, adjusted for household size, and determined annually by HUD at the time of application. The annual income definition found at 24 CFR Part 5 is used by a variety of Federal programs and must be used to determine eligibility for all Wisconsin CDBG Programs.

The income limits may be found at <https://www.huduser.gov/portal/datasets/il.html>.

The guidelines for determining and calculating household income can be found in the 2024 CDBG Housing Manual, on pages 22-28, located in the link below. These guidelines must be used in determining the household income eligibility.

[https://energyandhousing.wi.gov/Documents/CDBG/Resources/2024%20CDBG%20HOUSING%20IMPLEMENTATION%20MANUAL\\_Aug%20Final.pdf](https://energyandhousing.wi.gov/Documents/CDBG/Resources/2024%20CDBG%20HOUSING%20IMPLEMENTATION%20MANUAL_Aug%20Final.pdf)



## VERIFYING INCOME

**Homeless Only:** Households receiving assistance for motel/hotel vouchers may self-certify their income. A form documenting the household size and income level is required.

The Grantee may determine income eligibility by third-party verification or with source documentation.

To conduct third-party verification, a Grantee must obtain a written release from the household member that authorizes the third party to release required information. Conversations with a third-party, such as an employer, may be acceptable if documented through notes in the file, including contact name, address, phone number, information conveyed, and date of a call.

Another way to verify income is to collect source documentation. The source documents, such as wage statements, unemployment compensation statements, child support statements, Social Security and disability award letters, must be maintained in the file. For the purposes of income verification, bank statements are not an eligible form of source documentation.

Self-employed households should utilize three consecutive quarterly tax statements, or three prior years of income taxes averaged to determine the household income.

# SAMPLE FORMS

# CDBG CV PROJECT CLIENT INCOME CERTIFICATION REPORT

GRANTEE NAME: \_\_\_\_\_

GRANT AGREEMENT #: \_\_\_\_\_

REPORTING PERIOD: \_\_\_\_\_

QUARTERLY, SEMI-ANNUALLY, ANNUALLY:     00 / 00 / 0000     to     00 / 00 / 0000    

<b>TOTAL # NEW CLIENTS SERVED DURING THIS REPORTING PERIOD</b> <i>(Do not include duplicate clients from previous reporting periods.)</i>	
<b>TOTAL # CLIENTS SERVED TO DATE</b>	

RACE/ETHNICITY OF NEW CLIENTS SERVED DURING THIS REPORTING PERIOD					
Single Race	Total Number	Number Hispanic	Multi-Racial or No Answer	Total Number	Number Hispanic
WHITE			AMERICAN INDIAN/ALASKAN NATIVE & WHITE		
BLACK/AFRICAN AMERICAN			ASIAN & WHITE		
ASIAN			BLACK/AFRICAN AMERICAN & WHITE		
AMERICAN INDIAN/ALASKAN NATIVE			AMERICAN INDIAN/ALASKAN NATIVE AND AFRICAN AMERICAN		
NATIVE HAWAIIAN/PACIFIC ISLANDER			OTHER MULTI-RACIAL		
OTHER			DID NOT ANSWER		

LMI STATUS OF NEW CLIENTS SERVED DURING THIS REPORTING PERIOD	
# OF <u>LMI</u> NEW CLIENTS 0 – 50% CMI	# OF <u>LMI</u> NEW CLIENTS 50-80% CMI

REPORT CERTIFICATION
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I certify that to the best of my knowledge and belief the contents in this report are true and correct. Completed individual *Client Income Certification Forms* are maintained as supporting documentation for this report by the Grantee and are available to provide to DEHCR and/or other regulating entities upon request.

\_\_\_\_\_  
Signature of Grantee Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Grantee Representative

\_\_\_\_\_  
Title of Grantee Representative

# CDBG CV PROJECT CLIENT INCOME CERTIFICATION REPORT (INSTRUCTIONS)

The *CDBG CV Project Client Income Certification Report* is a summary of the information gathered from *Client Income Certification Forms* completed at the time the client begins receiving services in the CDBG-funded program. The *Client Income Certification Form* is Attachment 9-L in Chapter 9 of the *CDBG Implementation Handbook*.

1. **Grantee Name:** Enter the name of the Grantee that received the CDBG award [e.g., Yourville County, City of Yourville, Village of Yourville, Town of Yourville]
2. **Grant Agreement #:** Enter the CDBG Grant Agreement # for the project.
3. **Reporting Period:** Enter the Report period for which the report is being completed and enter the reporting period dates. The month and day of the Annual Report Start Date and End Date are based on the grant Award Date. For example, if the grant was awarded to the Grantee June 15, 2020, then the Start Date for the first Annual reporting period is 06/15/2020 and the End Date is 06/14/2021.
4. **Total # Clients Served During This Reporting Period:** Enter the number of clients served from the start of the reporting period to end of the reporting period.
5. **Total # Clients Service to Date:** Enter the number of clients served from the start of the program (CDBG Award Date) to the end of the reporting period.
6. **Race/Ethnicity of New Clients Served During This Reporting Period:** Enter the total number of clients reporting in each race/ethnicity category on the *Client Income Certification Form* during the reporting period. **Do not leave any entries blank.** Enter zero (0) for any categories for which no clients selected the category or if no clients were served during the reporting period, if applicable.  
  
For example, six (6) new clients completed *Client Income Certification Forms* with all six (6) identifying as White and of those, three (3) also identified as Hispanic. Therefore, for White “6” should be entered under Total Number and “3” should be entered under Hispanic.
7. **LMI Status of New Clients Service During This Reporting Period:** Using the information from the Family Income Category of the *Client Income Certification Form*, enter the total number of new clients served during the reporting period who have a family income at or below the LMI income threshold shown for their family size on the *Client Income Certification Form*, and the total number who have a family income above the LMI income threshold shown for their family size.
8. **Report Certification:** Complete the Report Certification. The *Client Income Certification Report* must be signed by the Grantee’s authorized signatory.
9. The Final Report must be submitted with the Project Completion Report. It is a summary of all clients served during the project performance period, as listed on the *Grant Agreement*.
10. Submit **one** (1) copy of this report via email to the assigned DEHCR Project Representative and retain the original document with the local CDBG project files.

# SAMPLE

## DUPLICATION OF BENEFITS STATEMENT

The certification is divided into three (3) components:

1. Assistance received from government, bank and any and all other rental/mortgage and/or utility assistance received by or anticipated to be received by household;
2. Attachments;
3. Signature(s) Read each component in full and provide the accurate information.

### Part 1. Government, Bank, and Other Funding Sources Duplication of Benefits Certification.

This certification must be completed by all applicants that will receive any assistance from the Emergency Assistance Grant Program being offered by the \_\_\_\_\_ (GRANTEE NAME). The information within this certification will provide the \_\_\_\_\_ (GRANTEE NAME) with vital information for ongoing evaluation of duplication of benefits as required by the Stafford Act Section 312, as amended and the Coronavirus Aid, Relief, and Economic Security Act. This section identifies any sources of mortgage or rental and/or utility assistance funds that an applicant has received or anticipates receiving. Sources of funds include but are not limited to: Federal, state, and local grant programs, subsidized loans, or nonprofit donations or grants.

Please indicate below the amount allocated from any and all funding sources.

#### Source of Funds #1

\_\_\_\_\_  
Grant Provider Name Purpose / Specific Use Amount

Government Loan, Government Grant Government, Forgivable Loan, Nonprofit Grant, Nonprofit Forgivable Loan, Other: \_\_\_\_\_

#### Source of Funds #2

\_\_\_\_\_  
Grant Provider Name Purpose / Specific Use Amount

Government Loan, Government Grant, Government Forgivable Loan, Nonprofit Grant, Nonprofit Forgivable Loan, Other: \_\_\_\_\_

#### Source of Funds #3

\_\_\_\_\_  
Grant Provider Name Purpose / Specific Use Amount

Government Loan, Government Grant, Government Forgivable Loan, Nonprofit Grant, Nonprofit Forgivable Loan, Other: \_\_\_\_\_

Check if no other assistance has been received by the Applicant.

Check if the Applicant has not and is not receiving any other form of security deposit, rental and/or utility assistance.

**Part 2. Attachments Attached to this certification are copies of the following:**

1. Award letter for any assistance received from other rental and/or utility assistance programs or summary of award received as well as documentation of use of funds.

**Part 3. Signature(s)**

By executing this certification, 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.

Dated this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Applicant name

\_\_\_\_\_  
Joint Applicant Signature

\_\_\_\_\_  
Print Joint Applicant name

# **SAMPLE**

## **SUBROGATION AGREEMENT**

This Subrogation and Assignment Agreement (“Agreement”) is made and entered into on this day of \_\_\_\_\_, 20\_\_\_\_, by and between \_\_\_\_\_ (“Applicant”) and the \_\_\_\_\_ (“Grantor”).

In consideration of Applicant’s financial situation or the commitment by Grantor to evaluate Applicant’s application for the receipt of funds (collectively, the “Grant”) under the \_\_\_\_\_ (GRANTOR NAME) Emergency Assistance Grant Program (the “Program”) administered by Grantor,

Applicant hereby assigns to Grantor all of Applicant’s future rights to reimbursement and all payments received from any grant, subsidized loan, or assistance under any rental and/or utility assistance programs that are determined in the sole discretion of \_\_\_\_\_ (GRANTOR NAME) to be a duplication of benefits (“DOB”) as provided in this Agreement.

The proceeds or payments referred to in the preceding paragraph, whether they are from a federal grant or any other source, and whether or not such amounts are a DOB, shall be referred to herein as “Proceeds,” and any Proceeds that are a DOB shall be referred to herein as “DOB Proceeds.” Upon receiving any Proceeds not listed on the Duplication of Benefits Certification, the Applicant agrees to immediately notify the Grantor of such additional amounts. The Grantor will determine in its sole discretion if such additional amounts constitute a DOB. If some or all of the Proceeds are determined to be a DOB, the portion that is a DOB shall be paid to the Grantor.

Applicant’s assistance and cooperation shall include but shall not be limited to allowing suit to be brought in Applicant’s name(s) and providing any additional documentation with respect to such consent, giving depositions, providing documents, producing record and other evidence, testifying at trial, and any other form of assistance and cooperation reasonably requested by the Grantor. Applicant further agrees to assist and cooperate in the attainment and collection of any DOB Proceeds that the Applicant would be entitled to under any applicable housing assistance program.

If requested by the Grantor, Applicant agrees to execute such further and additional documents and instruments as may be requested to further and better assign to the Grantor, to the extent of the Grant paid to Applicant under the Program, the Policies, any amounts received under the Program that are DOB Proceeds and/or any rights thereunder, and to take, or cause to be taken, all actions and to do, or cause to be done, all things requested by the Grantor to consummate and make effective the purposes of this Agreement.

Applicant explicitly allows the Grantor to request of any organization with which the Applicant has applied for or is receiving Proceeds, any non-public or confidential information determined to be reasonably necessary by the Grantor to monitor/enforce its interest in the rights assigned to it under this Agreement and give Applicant’s consent to such company to release said information to the Grantor.

Applicant represents that all statements and representations made by the Applicant regarding Proceeds received by the Applicant shall be true and correct as of the date of Closing.

NOTICE: Applicants executing this Agreement are hereby notified that intentionally or knowingly making a materially false or misleading written statement to obtain assistance, property or credit is a violation of Title

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18 United States Code Section 1001 and, depending upon the amount of the Grant, is punishable by a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

The Applicant executing this Agreement hereby represents that he/she has received, read, and understands this notice of penalties for making a materially false or misleading written statement to obtain the Grant.

In any proceeding to enforce this Agreement, the Grantor shall be entitled to recover all costs of enforcement, including actual attorney's fees.

Dated this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Applicant name

\_\_\_\_\_  
Joint Applicant Signature

\_\_\_\_\_  
Print Joint Applicant name

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**DETERMINATION OF EXEMPTION**  
**Community Development Block Grant-Coronavirus (CDBG CV)**

1. Applicant Name:    

2. Name of Project:    

3. Brief description of Project listed in the Application:

   

4. Check all of the following citations/activities that apply:

58.35(b)(2) **Supportive services** including, but not limited to, housing services, short-term payments for rent/utility costs, and assistance in gaining access to local, State, and Federal government benefits and services.

58.35(b)(3) **Operating costs** including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training, and recruitment and other incidental costs

5. Date Signed:                     .

6. Signature of the Authorized Official: \_\_\_\_\_

\_\_\_\_\_  
*(Name and title of authorized official)*

\_\_\_\_\_  
*(Name of agency)*