

**STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS**

COMMUNITY DEVELOPMENT BLOCK GRANT – DISASTER RECOVERY (CDBG-DR)

STATEWIDE AND REGIONAL PLANNING ASSISTANCE GRANT

DUPLICATION OF BENEFITS CERTIFICATION

APPLICANT NAME: _____

PROJECT NAME: _____

Authorizing Official or Representative certifies that CDBG-DR funded activities will comply with all regulations regarding Duplication of Benefits as defined by Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act at 42 U.S.C. 5155, 24 CFR 570 and Federal Register Notice 76 FR 71060.

Federal law prohibits any person, business concern or other entity from receiving federal funds deemed duplicative from any other program or any other source where the assistance amount exceeds the need for a particular recovery purpose.

List amount and source for ALL Federal and/or State financial assistance received for the project named above:

Source	Amount

Total Cost: \$ _____

CERTIFICATION

I, _____, hereby represent and state that the foregoing information, and all information submitted for the purpose of applying for Community Development Block Grant-Disaster Recovery funds (CDBG-DR), is true and complete. I acknowledge that the New Jersey Department of Community Affairs (DCA) is relying on said information and thereby acknowledge that the local government unit is under a continuing obligation, from the date of this Certification through the completion of the Project(s), to notify DCA in writing of any changes to the information contained in this certification and in the application. Under penalty of perjury, I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law, and disqualification from future participation awards of CDBG-DR funds in New Jersey.

By: _____
Signature - Authorizing Official (or Representative)

Print Name

Title

Date