



**DEPARTMENT OF ECONOMIC DEVELOPMENT AND COMMERCE
COMMUNITY DEVELOPMENT BLOCK GRANT- DISASTER RECOVERY ENERGY
(CDBG-DR ENERGY)
ENERGY SUPPORT INCENTIVE PROGRAM 2.0**

DUPLICATION OF BENEFITS SELF-CERTIFICATION

The Robert T. Stafford Disaster Relief and Emergency Assistance Act (**Stafford Act**), as amended, 42 U.S.C. § 5121, *et seq*, generally prohibits any person, business, or other entity from receiving a duplication of benefits (**DOB**).¹ In order to comply with the Stafford Act, the Puerto Rico Department of Housing (**PRDOH**), as designated administrator, and its Subrecipients, such as the Department of Economic Development and Commerce [**DEDC**], must ensure that each program helps a person or entity only to the extent that said person or entity has an unmet electrical power enhancement need. Therefore, PRDOH and its Subrecipients must conduct an individual review of the assistance that each Applicant has received to determine that such assistance will not lead to a DOB. To fulfill this obligation, PRDOH and its Subrecipients must identify all sources of assistance received by the Applicant and how the Applicant used such assistance.

Therefore, the DEDC must take into account any assistance for the same purposes that has been granted or made available to the SMBs applying for the Energy Support Incentive Program 2.0 (**Program**) and determine if there is a duplication of benefits. Before granting financial assistance to an Applicant SMB, the Program will deduct any assistance or benefit found to be duplicative from the total need.

Therefore, I, _____, Authorized Representative of Applicant business, representative of Applicant business, _____, with case number ID _____, hereby certify to the Energy Support Incentive Program 2.0 that the information provided below is true and correct, to the best of my knowledge.

Instructions: Please check the corresponding box and fill in the information for each source listed below to indicate if _____ (Name of Applicant business) received financial assistance from any of these sources at the time of applying to the Program.

1. Small Business Administration (**SBA**)

Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

No. *If the answer is No, answer the following questions:*

¹ A DOB occurs when a person, business, or other entity receives disaster assistance from multiple sources for the same purpose, and the total assistance received for such purpose is greater than the total need. The DOB amount is the amount received in excess of the total needed for the same purpose. When the total need for eligible activities is greater than the total amount of assistance received for the same purpose, the difference between these amounts is considered to be an unmet need.

- a. Have you applied for an SBA loan? Yes No
- b. Did you reject an SBA loan? Yes No
- c. What was the loan amount? \$_____.
- d. Why did you refuse the loan? [Explain]

2. Federal Emergency Management Agency (**FEMA**)

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

3. National Flood Insurance Program (**NFIP**)

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

4. United States Department of Housing and Urban Development (**HUD**)

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

5. Central Office for Recovery, Reconstruction, and Resiliency (**COR3**)

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

6. Increased Cost of Compliance (**ICC**) Coverage

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

7. Private Insurance

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

8. Assistance from non-profit or charitable organizations (Red Cross, United Way, local churches, etc.)

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

9. Community Development Block Grant – CARES Act Program (**CDBG-CV**)

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

10. Community Development Block Grant – Disaster Recovery Program (**CDBG-DR**)

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

11. Community Development Block Grant – Mitigation (**CDBG-MIT**)

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

12. Business Interruption Grant (**BIG**) from the Puerto Rico Department of Economic Development and Commerce (**DEDC**)

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

13. SBA Economic Injury Disaster Loan (**EIDL**)

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

14. SBA Paycheck Protection Program (**PPP**)

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

15. Private Foundations

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

16. Central and/or Municipal Government of Puerto Rico

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

17. Puerto Rico Government Agencies

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

18. Other financial benefits or incentives

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

19. [Include any other program-specific DOB sources]

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

20. [Include any other program-specific DOB sources]

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

21. [Include any other program-specific DOB sources]

No Yes. Amount: \$_____ Date of award: _____

Purpose of assistance: _____.

I acknowledge that providing false information constitutes just cause to deny my participation in the Program and in the Community Development Block Grant – Disaster Recovery Program Energy (**CDBG-DR Energy**), or terminate the CDBG-DR Energy Program benefits, and could result in the repayment or restitution of the funds disbursed for any type of financial assistance provided by the CDBG-DR Energy Program.

Please be advised: Any applicant business that knowingly makes a false statement or misrepresentation to HUD may be subject to civil or criminal penalties under 18 U.S.C. § 287, § 1001, and 31 U.S.C. § 3729.

Name of Applicant Business

Date

Name of Applicant's Representative
(Print)

Signature of Applicant's
Representative