



Duplication of Benefit Policy

Boulder County, Colorado, experienced a catastrophic flood event from September 11th, 2013 through September 15th, 2013. Boulder County and the units of local government within the county formed the Boulder County Collaborative (BCC) partnership among its impacted communities with a focus on strategic coordination for long-term recovery. The City of Longmont will be the Lead Agency in administering these programs throughout the county. The Boulder County Collaborative is comprised of the following eight (8) Participating Governmental and/or Administrative Entities (AE):

1. Boulder County
2. City of Boulder
3. Town of Jamestown
4. City of Lafayette
5. City of Longmont
6. City of Louisville
7. Town of Lyons
8. Town of Nederland
- 9.

Authority

The Boulder County Collaborative has been allocated Community Development Block Grant Disaster Recovery (CDBG-DR) funds from the State of Colorado. The CDBG-DR funds have been appropriated by the Disaster Relief Appropriations Act, 2013 (Pub. L. 113-2). CDBG-DR funds are for necessary expenses related to disaster relief, long-term recovery, restoration of infrastructure and housing, and economic revitalization in the most impacted and distressed areas resulting from a major disaster declared pursuant to the Robert T. Stafford Act of 1974.

Section 312 of the Robert T. Stafford Disaster Assistance and Emergency Relief Act (42 U.S.C. 5155) prohibits any person, business concern, or other entity from receiving financial assistance with respect to any part of a loss resulting from a major disaster for which he or she has received financial assistance under any other program or from insurance or any other source. In

accordance with the Stafford Act, CDBG DR funds issued through the BCC may not be used for any costs for which other disaster recovery assistance was previously provided for the same purpose.

The Stafford Act directs administrators of Federal assistance to ensure that no person, business, or other entity will receive duplicative assistance and imposes liability to the extent such assistance duplicates benefits available to the person for the same purpose from another source. The amount of the duplication is the amount of assistance provided in excess of need. The BCC Duplication of Benefit (DOB) policy adheres to the guidelines published in the Federal Register/Vol.76, No. 221/Wednesday, November 16, 2011.

Purpose

Each CDBG-DR program administered by an Administrative Entity is subject to the Duplication of Benefit policy. Each CDBG-DR program will have operational procedures which contain detailed provisions identifying the documents to be provided by applicants for assistance, as well as the procedures for how these documents will be verified.

The first step of the DOB calculation for each program is to determine the amount of funds previously received or made available to assist with disaster needs related to the September 2013 flood. During the intake/application process, persons, business concerns and other entities receiving BCC CDBG-DR financial assistance will be required to disclose all sources of disaster recovery assistance received and/or anticipated to receive due to the flood impacts. The AE will verify the amount received by reviewing source documents and contacting 3rd parties when required by HUD.

DOB Process

For each CDBG-DR program established in the Action Plan, the BCC will provide forms and procedures addressing DOB. Each procedure will require the AE to:

1. Determine the total need of assistance for the eligible activity
2. Identify all potentially duplicative assistance
3. Identify assistance determined not to be duplicative for the activity
 - Funds used for a different, eligible purpose
 - Funds not available to the applicant, e.g., forced mortgage payoff, contractor fraud, etc.

- Funds from a private loan not guaranteed by SBA, forgivable loans are duplicative
 - Any other asset or line of credit available to the applicant, e.g. checking or savings accounts, stocks, etc.
4. Perform a calculation to determine the total funds available from other sources for the activity.
 - Calculated by subtracting the total assistance received from the total funds needed to complete the activity.
 5. Perform a calculation determining the maximum eligible award.
 - Calculated by subtracting the assistance from other sources (duplicative assistance) from the total need for assistance.
 6. Require all applicants to sign an agreement to repay any assistance provided using CDBG-DR funds when/if other funds were later received for the same purpose as the CDBG-DR funds. The AE will monitor compliance with the agreement for one year, by contacting the various agencies as noted above/and or listed in the original DOB calculation.
 7. Recapture funds if necessary. If additional need is established, subsequent funds would not be considered a duplication of benefits (76 FR 221, 71062). If additional need is not demonstrated, disaster recovery funds must be recaptured to the extent they are in excess of the need and duplicate other assistance received by the beneficiary for the same purpose. If CDBG-DR funds or non-Federal funds were provided last and unknowingly create duplication, the method of recapturing the CDBG-DR funds the AE provided will be consistent with OMB Circular A-87. Time frames will include an annual review of DOB as noted above and the AE's normal collection policies.

The following represents the basic framework that will be utilized for DOB verification in all CDBG-DR programs.

Basic framework:

1. Determine Applicant's Total Need	\$100,000
2. Identify and verify all assistance received (ex. \$50,000 received from insurance but \$20,000 was for personal property)	\$50,000
3. Deduct assistance determined to be a duplicative purpose as CDBG-DR	\$30,000
4. Maximum eligible award (item 1 less item 3)	\$70,000
5. Program cap (if applicable)	\$50,000
6. Final award (lesser of items 4 and 5)	\$50,000

The AE will use a Duplication of Benefit Review Worksheet, applicable to the type of assistance being provided (Housing, Infrastructure or Economic Development) to ensure compliance with DOB requirements. The AE will review the DOB worksheet with the applicant. The applicant will sign and date the worksheet at that meeting.

All documentation of DOB and monitoring of such will be stored in a hard file at the AE offices and in the electronic data base for the applicable program.

SBA Hardship Determination

If the homeowner applied for and was offered an SBA loan but declined all or part of the loan, the amount of the loan declined may be considered a duplication of benefits. There may be an exception if the Homeowner has a hardship that would make it difficult or impossible to repay the full SBA loan. The Homeowner must document the reason they declined the loan on the AE's Homeowner SBA Hardship Documentation form. The AE, on a case by case basis will make a determination whether the household qualifies for a Hardship determination.

Demonstrable Hardship

Demonstrable hardship is defined using its two component words:

- Demonstrable-proved or shown, by objective evidence (not subjective feelings).
- Hardship-an economic impact which is burdensome or very difficult to bear, causing economic distress well beyond mere inconvenience.
- A demonstrable hardship is a substantial change in an owner's financial situation that will prohibit or severely affect their ability to provide a minimal standard of living or the basic necessities of life including food, housing, clothing and transportation without causing economic distress well beyond mere inconvenience as shown by objective evidence. A demonstrable hardship must be occurring after the 2013 flood event. The term is not necessarily a definable term of fixed and inflexible content or meaning.
- The demonstrable hardship must be of a severe, involuntary and unexpected nature. It must not be one that is generally shared by other property owners affected by the 2013 flood event or within the disaster area. Examples of a demonstrable hardships may include job loss, failure of a business, divorce, severe medical illness, injury, death of a family member or spouse, unexpected and extraordinary medical bills, disability, substantial income reduction, unusual and excessive amount of debt due to a natural disaster, etc. None of the listed examples above, individually or taken together, automatically establish a demonstrable hardship nor is the listing above exhaustive as there may be other factors relevant to the issue of demonstrable hardship in a particular case.
- The existence of a demonstrable hardship will be evaluated on a case-by- case basis after review of all of the circumstances. Whether there is a demonstrable hardship heavily depends upon the facts and circumstances.

- Persons claiming a Demonstrable Hardship shall be required to provide evidence of such claimed Demonstrable Hardship to the AE, for a decision. A written decision shall be made including the reasons for approval or denial of the hardship and returned to the person claiming the Demonstrable Hardship.

Appeals

Determination of Duplication of Benefits can be appealed. Requests for DOB appeal will be processed and reviewed by AE staff or designated official(s). Applicants who believe a DOB decision is incorrect and/or not in compliance with Program policies may appeal a negative decision in writing within 30 days of the notice of the decision. Each appeal will be reviewed against program policies and requirements, and applicable local, state, and federal law. Upon completion of the review the appeal and, if applicable, hear the applicant's presentation of their appeal, the hearing officer will make a decision and respond to the applicant within 30 days of receiving the complaint.





DUPLICATION OF BENEFITS CERTIFICATION

The undersigned, on behalf of and as a duly authorized agent and representative of _____ (Applicant), certifies and represents that all information contained in and enclosed with the **Boulder County Collaborative Community Development (CDBG-DR) Program** application is true to the best of his or her knowledge and acknowledges that the **Insert AE Name** has relied on such information to award flood recovery funds.

The Applicant also certifies that s/he has disclosed to **Insert AE Name**, in the application process, all FEMA, SBA, insurance proceeds, and other funds received, or to be received, from governmental and/or non-profit agencies as compensation for damages resulting from the declared disaster for which assistance may be provided by the **Insert AE Name**.

The Applicant certifies that s/he will disclose to the **Insert AE Name** all future FEMA, SBA, insurance proceeds or other funds received from governmental and/or non-profit agencies as compensation for damages resulting from the declared disaster for which assistance has been provided for three years from the date that assistance is awarded by the **Insert AE Name**.

The Applicant acknowledges that s/he may be prosecuted by Federal, State, or local authorities and/or that repayment of all disaster recovery funds may be required in the event that the Applicant makes or files false, misleading, or incomplete statements and/or documents. The Applicant also agrees to repay any assistance later received for the same purpose as the **awarded** flood recovery CDBG-DR funds for three years after the receipt of the assistance from the **Inset AE Name**.

Signature

Date

Printed Name

Signature

Date

Printed Name



**Community Development Block Grant- Disaster Recovery
(CDBG-DR)
Duplication of Benefits (DOB)
Affidavit**

I/We, _____, affirm the following:

1. I/We _____, make this Affidavit in connection with our application for CDBG-DR assistance administered by the **Insert AE name** with grants funding received from the Colorado Department of Local Affairs.
2. I/We have received the following structural repair assistance funds as the result of flooding, and/or other real property damages to my primary residence or rental property caused by the 2013 flood on _____, _____, _____:

(Month) (Day) (Year)

National Flood Insurance Program (NFIP)	\$ _____
Private Insurance (Homeowner’s flood, etc.)	\$ _____
Federal Emergency Management Agency (FEMA)	\$ _____
Small Business Administration (SBA)	\$ _____
Community Development Block Grant-DR Repair Program	\$ _____
Boulder County Long Term Recovery Group	\$ _____
Boulder County Human Services	\$ _____
Our Center	\$ _____
Red Cross	\$ _____
Other:	\$ _____

Total Amount of structural repair/replace assistance received \$ _____

3. I/We have received no other Federal, State or other assistance for structure repair other than that set forth above.
4. I/We can produce receipts for structural repair in the amount of \$ _____
 (Attach legible copies of receipts and/or paid invoices as required by the instructions on the Verification of DOB Eligible Receipt Requirement Guidance that was provided).

5. If I/We should receive any insurance proceeds, assistance and/or benefits from any insurance company, private or charitable organization, and/or any federal or state agency, including but not limited to the agencies listed (in item number 2 above) after the date of this Affidavit, the undersigned shall report and, if required, repay said proceeds, assistance or benefits to **Insert AE name**. The failure to report and repay said proceeds, assistance and/or benefits may constitute a “duplication of benefits” and may be a violation of state and/or federal law. (See 42 U.S.C. 5155 “Duplication of Benefits” of the Stafford Act).
6. To indemnify and hold harmless the Boulder County Collaborative and the **Insert AE name** from any loss, liability or claims arising out of any matter referred to herein.

Further, Affiant(s) saith not.

This the _____ day of _____, _____
 (Month) Year

 Property Owner Signature Date

 Property Owner Signature Date

 Property Owner Signature Date

Sworn to and subscribed before me,
 This the _____ day of _____, _____
 (Month) (Year)

 Notary Public Signature Date Affix Notary Seal

My commission expires: _____





CDBG-DR Flood Recovery Consent to Release Information

I/we, _____ and _____, born on
Applicant Client Full Name *Co-Applicant Client Full Name*
_____ and _____, currently residing at
Applicant Date of Birth *Co-Applicant Date of Birth*

_____, hereby consent to the disclosure of information collected
Current address

by the Federal Emergency Management Agency (FEMA), Small Business Administration (SBA), homeowner insurance companies, National Flood Insurance Program (NFIP), Boulder County Long-Term Flood Recovery Group, OUR Center, Red Cross and/or other organizations listed below to the **Insert AE**.

The purpose of this disclosure is to assist with the determination of my/our eligibility for the CDBG-DR Buyout/Acquisition Programs administered by the **Insert AE** based on my/our residency at _____ at the time of the September 2013 flood.
Property damaged by the September 2013 flood.

I/we consent to the following information being disclosed to the **Insert AE** buyout/acquisition program:

- My/our entire case file including inspection report; amount of assistance received; status of application for assistance programs, including appeals process, final outcome, etc.
- Documentation of the amount paid to me/us or on my/our behalf by my/our insurance company for homeowner or renter insurance in response to the September 2013 flood. This includes documentation of the full amount I/we have received from insurance for all purposes related to the flood and documentation for any denials under my/our policy for the above damaged property.
- Documentation of all financial assistance provided to me/us, received by me/us, or made available to me/us for flood assistance and the purpose of that assistance (e.g., rental assistance, food and gas, home repairs).
- My/our current contact information
- Other entities as identified by the **Insert AE**.

In order to provide goods and services including case management, the coordination of recovery efforts among agencies and non-profits, and the prevention of duplication of services, I/we consent that the above information may be disclosed to the following organizations by the **Insert AE**:

- Boulder County Long-Term Recovery Group
- Boulder County Housing and Human Services Department
- Our Center
- Red Cross
- Other entities as identified by the **Insert AE**

All the information contained in this Consent to Release Information is true and complete to the best of my/our knowledge and belief.

Client Signature

Date

Client Signature

Date

Version 2: 5.4.16

