



Texas General Land Office
Community Development and Revitalization
Duplication Of Benefits (DOB) Calculation Form

The DOB Calculation Form must document the total DOB amount per household/property. All DOB calculated must follow the latest Clarification of Duplication of Benefits requirements under the Stafford Act for Community Development Block Grant (CDBG) Disaster Recovery Grantees (71060 Federal Register/Vol. 76, No. 221/ Wednesday, November 16, 2011/Notices and 42 U.S.C. 5155 Section 312 of the Robert T. Stafford Disaster Assistance and Emergency Relief Act, as amended).

Subrecipient or GLO Designated Representative ("GDR") must first determine the applicant's total post-disaster recovery need (based on actual bid and program caps). Then the Subrecipient or GLO Designated Representative must reduce the determined need by funding previously received for the same purposes. The applicant will need to pay back funds or take a reduction in scope to proceed with assistance.

Subrecipient/GDR:	Blacked Out	Contract #:	Contract Number
Applicant ID:	Project Name		
Applicant Name:	Contracted Entity		
Co-Applicant Name:	Blacked Out		
Applicant Address:	Project Address		

Calculation of Eligible Award

1. Identify Applicant's Total Need Prior to Any Assistance (ex: Recon Cost, Acquisition payoff amount)	Total \$ of project (Grant + Assistance)
2. Identify All Potentially Duplicative Assistance	
a. FEMA Housing Repair	Enter amount or zero
b. SBA	Enter amount or zero
c. Insurance	Enter amount or zero
d. Other (ex: nonprofit, charity, etc.). Please provide funding source:	Enter amount or zero
Received Assistance Total	Automatically sums assistance
3. Expenditures (Receipts/Support Documentation)	
a. Receipts or confirmation of repairs with Inspection Report	Enter zero
b. Forced Mortgage Payoff	Enter zero
c. Contractor Fraud	Enter zero
Expenditure Total	Automatically sums expenditures
4. Deduct Assistance Determined to be Duplicative (Received Assistance Total Minus Expenditure Total)	Automatic sum
5. Funding Adjustments	Automatic sum
a. Applicant Provided Funding	Enter permanent construction funding as a negative
Total Adjustments	Automatic adjustment sum
6. Maximum Eligible Award (Item 1 minus Item 4 plus Item 5)	Automatic calculation of grant

Acknowledgment

Applicant owes funding or is taking a reduction in scope of work (YES/NO):	Answer No
Under penalties of perjury, I/we certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Additionally, if I/we receive future funding for the same purpose of the CDBG-DR funds, I/we will agree to repay the assistance that was duplicated.	
Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.	
Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:
Signature of Builder:	Date:
Signature of Subrecipient or GLO Designated Representative:	Date:

Disclaimer: The Texas General Land Office has made every effort to ensure the information contained on this form is accurate and in compliance with the most up-to-date CDBG-DR and/or CDBG-MIT federal rules and regulations, as applicable. It should be noted that the Texas General Land Office assumes no liability or responsibility for any error or omission on this form that may result from the interim period between the publication of amended and/or revised federal rules and regulations and the Texas General Land Office's standard review and update schedule.