

**DUPLICATION OF BENEFITS CERTIFICATION**

The undersigned, on behalf of and as a duly authorized agent and representative of (Unit of Local Government/Sub-recipient), certifies and represents that all information contained in and enclosed with the grant application is true to the best of his or her knowledge and acknowledges that the Office of Community and Rural Affairs (OCRA) has relied on such information to award disaster recovery assistance (the “assistance”). (Unit of Local Government/Sub-recipient) certifies that it has disclosed to OCRA in the application process all insurance proceeds and all other funds available from, received by, or to be received from governmental agencies as compensation for damages resulting from these declared disasters for which assistance may be provided by OCRA. (Unit of Local Government/Sub-recipient) certifies that it will disclose to OCRA all future insurance proceeds or other funds received from and or available from governmental agencies as compensation for damages resulting from these declared disasters for which assistance has been provided. (Unit of Local Government/Sub-recipient) acknowledges that it 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 it makes or files false, misleading, or incomplete statements or documents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date