

DUPLICATION OF BENEFITS WORKSHEET

Applicant Name:
Project Name:

1. Identify Applicants Total Need	
2. Identify Total Assistance Available	
National Flood Insurance Program (NFIP)	
Private Insurance (applicant must submit a claim if covered)	
SBA Grants/Loans (includes PPP and EIDL)	
Other Federal, State or Local Government Assistance	
Other private assistance including charitable contributions	
Subtotal	
3. Identify the Amount of Total Assistance to Exclude as Non-duplicative.	
Explanation of non-duplicative funds:	
\$15,000 was private insurance for inventory replacement. This grant covers operating costs only.	
4. Identify total DOB Amount (Item 2 minus Item 3)	
5. Calculate Maximum Award (Item 1 minus Item 4)	

Form Completed by:
Date Completed: