



ONE Scranton
 American Rescue Plan Act
 Notice of Funding Availability

DOB Exhibit
Duplication of Benefit Verification

Instructions: All applicants must complete and submit this duplication of benefit verification worksheet with their grant application. Applicants are to complete this form and upload a scanned or digital copy using their applicant account. Incomplete forms are terms for application rejection.

For Grant Reviewers: The "Total Need" value will be calculated and inserted by grant application reviewers, using a pre-determined calculation. The calculation was developed using employment data collected for local arts organizations in Scranton. The data showed how the ability to maintain employees throughout the pandemic has been negatively impacted by COVID-19.

For Applicants: All applicants must disclose and list all alternate funding sources (Federal, State, and/or Local) that have been received and utilized to combat the loss of employees or inability to retain or hire new employees from March 2020 through the time of the application (e.g., CARES Act Funding, PPP loans, County COVID grants, SBA, etc.). Applicants must then sum the total amount of alternate funding received at the bottom of the worksheet.

Upon review, if the "Total Need" value is **greater** than the sum total of alternate funding received, then there is still an "unmet need" that exists. The value of that remaining "unmet need" is what the applicant will be eligible to received funding for, up to the grant award maximum amount of \$45,000. If the value of the "Total Need" is **less** than the total of alternate funding received, there is no longer an "unmet need" that exists and the applicant will not be considered eligible to receive funding.

Funding Sources and Use	Date Received	Amount Received (Column 1)	Total Need (Column 2)
Total Need (\$value) of project, program or intended use of City ARPA Funds			
Insurance proceeds			
Charitable Contributions			
Nonprofit Sources			
Other Federal, State, or Local funding sources or grants received (list all below with name, use, date received and amount received)			
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			
7.)			
8.)			
9.)			
SUBTOTALS			
BALANCE ([Subtotal Column 2] - [Subtotal Column 1])			

NAICS Code: _____ Date: _____

Number of Employees (FTE) in Quarter 4 of 2019: _____

Organization Name: _____

Authorized Agent Name: _____

Authorized Agent Signature: _____