CITY OF SALINA CDBG-CV GRANT

Date of Expense	Type of Expense	Total Cost	Paid with PPP Funds	Paid with EIDL Funds	Paid with HIRE Funds	Other Funding: _____ *(Please Identify Source)*	CDBG-CV Grant Request
Total							
Amount of Grant Request							

To the best of my knowledge, the above information is true and accurate and can be verified if requested by proper officials of the city/county or the State of Kansas.

I understand that a duplication of benefits occurs when a business receives assistance from multiple sources for the same recovery purpose and the total assistance received exceeds the total need. I certify that I have not requested or received any duplication of benefits and funds from the CDBG-CV Grant will not cause any duplication of benefits.

Signature				**Date**		