

Duplication of Benefits Worksheet - Subrecipient for Public Service Activities

This form is to be completed twice: (1) As an attachment to the submitted application; (2) With final draw providing any update to budgets and/or funding sources.

Activity Name	United Way Housing Navigation Center and cold weather shelter
Subrecipient	United Way of Weld County
Date of Initial DOB Review	9/30/2021

Step 1: Assess Need - Provide line item activity costs

Item	Cost
A. Staff	\$210,607.20
B. Staff - direct service staff	\$395,181.50
C. Benefits, Occupancy, Shared Costs	\$309,616.68
D. Staff Training	\$8,500.00
E. Rent/Utilities/Maintenance	\$135,961.00
F. Insurance	\$3,000.00
G. Unanticipated Repairs	\$66,790.00
H. Security	\$150,901.00
I. Cleaning Services	\$52,440.00
J. Communications	\$6,684.00
K. Professional Services - Laundry	\$3,000.00
L. Professional Services - Meals	\$89,100.00
M. Supplies	\$39,720.00
N. Transportation	\$5,400.00
O. Client emergency needs	\$67,480.00
P. Motel overflow vouchers	\$55,000.00
Activity budget total	\$1,599,381.38

Step 2: Determine Assistance - Provide funding sources and amounts

The CARES Act has programs that should be considered as funding sources. Please complete the second page of this form.

Source of funds	Amount
CDBG-CV (City of Greeley)	\$ 329,899
Emergency Food and Shelter Program Phase 39	\$ 10,000
Emergency Food and Shelter Program Phase ARPA-R	\$ 47,695
ESG '21	\$ 65,000
ESG CV 2.2	\$ 43,555
ESG CV2.3	\$ 45,000

ESG CV2.3 NoCO CoC	\$ 75,000
Homeless Prevention Activities Program	\$ 25,000
I Heart Humanity	\$ 9,091
Kaiser Permanente	\$ 47,487
Parole Beds (State of Colorado DOC)	\$ 5,000
The Weld Trust HNC	\$ 79,330
The Weld Trust RN/HN	\$ 140,364
UWWC FY 22-23 Campaign & Carryforward	\$ 71,283
WCDPHE COVID-19 Hotels	\$ 20,000
Total of funding sources	\$ 1,013,704

Step 3: Calculate Unmet Need - Activity budget minus available funds

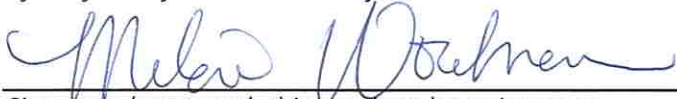
Total Need	\$1,599,381.38
Minus assistance	\$ 1,013,704
Actual Unmet Need	\$585,677.38

Step 4: Document the Analysis

Retain the above as the calculation documentation. Attach adequate documentation to justify determination of the maximum award of CDBG-CV funds.

Step 5: Certify as to Correctness of Duplication of Benefits Form

I, the undersigned, certify to the following: (1) That the information provided above and on page two are true and complete to the best of my knowledge; (2) That the Duplication of Benefits (DOB) requirement has been explained to me by GURA staff and I understand the DOB requirement; (3) I have reviewed and completed the CARES Act Program funding opportunities piece of this form (page 2). Further, I understand there may be a monitoring of this activity by the City and/or HUD, that additional documentation may be required, and the CDBG-CV funds are subject to repayment to HUD by the subrecipient or beneficiary of the funds if HUD is not satisfied with the DOB documentation or funds a DOB occurred.



Signature (not typed, this needs to be a signature)

10/20/2022

Date

Name and title of signatory above:

Melanie Woolman, President & CEO

Reviewed at GURA by/date:

Accepted by GURA by/date:

DOB Worksheet - Subrecipient for Public Service Activities - CARES Act Programs

The CARES Act Programs noted below may be alternative funding sources for this activity. Please complete the information below. For additional information on any program noted below, contact GURA or the agency noted.