APPENDIX II – ESG-RUSH ACTIVITY LEVEL DUPLICATION OF BENEFITS EVALUATION FORM

Organization name:
Component type:
Date:

This form serves as a tool to evaluate activity level duplication of benefits in the ESG-RUSH program. ESG-RUSH recipients must assess whether the ESG-RUSH funds will duplicate funding that is already received or is likely to be received prior to the expenditure of any ESG-RUSH funds and/or prior to the awarding any grants to a subrecipient. In order to document that there is no duplication of benefits, the program must show that **the amount of unmet need is less than or equal to the maximum level of award provided.**

Complete this form and save it as part of your record keeping for documentation and monitoring purposes.

ACTIVITY LEVEL ANALYSIS FOR

1) **Describe the proposed activity:**

2) **ASSESS NEED**
   a) Total costs **(A)**:
      i) Potential Total Need for activity costs:
      =

   b) Does your organization receive or will receive additional or separate assistance?

   c) If yes, list funding sources and amounts here:

   d) Calculate maximum level of award (actual unmet need)
      i) **Total Need = (POTENTIAL TOTAL NEED FOR ACTIVITY COSTS):**
      ii) **Total Additional Assistance, if any (B):**
      iii) **UNMET NEED (C)= (TOTAL NEED (A) – ADDITIONAL ASSISTANCE (B)) =**

3) **DUPLICATION OF BENEFITS ANALYSYS:** ESG-RUSH award must be less than or equal to the maximum level of award

   a) Unmet need (B):

b) <u>ESG-RUSH award amount:</u> **Is the program's unmet need less than or equal to the maximum level of award?** If you answer NO please go back and review program funding sources.
Is there documentation that confirms all funding sources for this program?

Attach all proof of funding to this form. This includes award or grant letters, and conditional approval of additional funding that will be provided.

By signing below, you are certifying that you have completed this form to the best of your knowledge and have included all relevant document related to funding sources for this program.

Print Name/Title:

Signature/Date: _____