



**MICHIGAN ECONOMIC  
DEVELOPMENT CORPORATION**

**MICHIGAN  
COMMUNITY DEVELOPMENT  
BLOCK GRANT  
DISASTER RECOVERY**  
2020 & 2021 DISASTERS

**DUPLICATION OF  
BENEFITS TRAINING**

JULY 2023



# Learning Objectives

- 1. Understand the duplication of benefits requirements that apply to your CDBG-DR funding.**
- 2. Complete a basic duplication of benefits analysis.**
- 3. Understand how duplication of benefits analysis may differ with different types of programs.**
- 4. Understand the consequences of failure to prevent or collect duplicative financial assistance and how to avoid it.**





# Purpose of Duplication of Benefits (DOB) Analysis

- 1. It identifies all disaster assistance received to date.**
- 2. It validates that the applicant has exhausted all other resources**
- 3. It accurately identifies the applicant's unmet need.**
- 4. It mitigates the risk of having to return funds to a funder.**
- 5. It ensures good stewardship of taxpayer funds**

Assess Applicant Need



Identify Total Assistance Available



Exclude Non-Duplicative Assistance



Identify the DOB Amount & Calculate Total Award (including Program Cap)

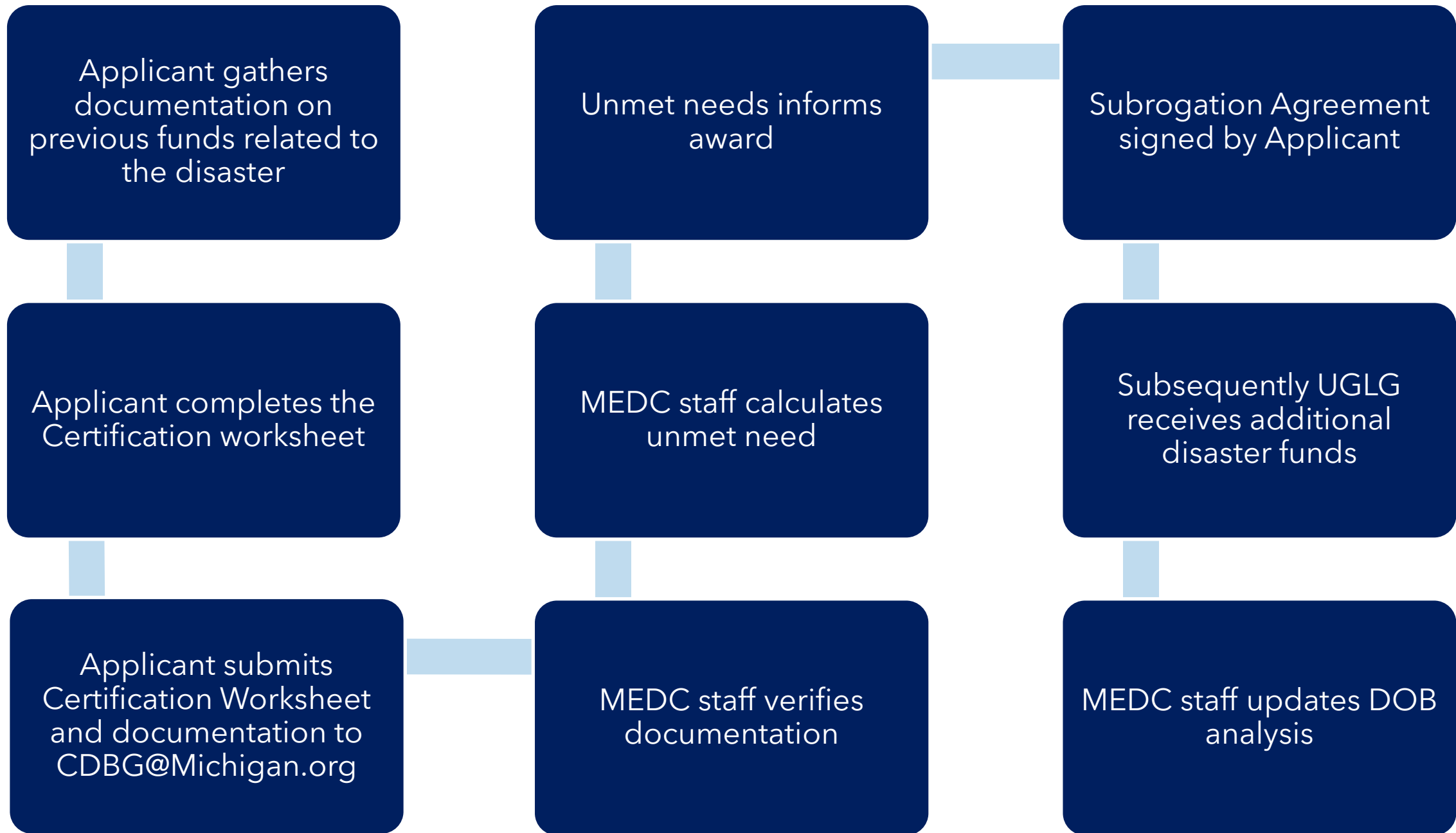


Reassess Unmet Need When Necessary

# What is a Duplication of Benefits (DOB)?

A local government, business or other entity

Receives financial assistance from multiple sources



# OVERVIEW of the DOB PROCESS



NAME OF APPLICANT \_\_\_\_\_

DOB SUBROGATION AGREEMENT



MICHIGAN ECONOMIC  
DEVELOPMENT CORPORATION

This Subrogation Agreement ("Agreement") is made and entered into on this day of \_\_\_\_\_, 20\_\_ by and between \_\_\_\_\_ and the \_\_\_\_\_

By receiving the CDBG-DR Grant Amount, the Applicant(s) hereby agrees to immediately report any current or future funding that may be received from any Federal Emergency Management Agency ("FEMA") program, Federal Highway Administration (FHWA), Environmental Protection Agency (EPA), U.S. Army Corps of Engineers (USACE), casualty or property damage insurance, nonprofit donations or grants, or any other funding source, that has not previously been included in the DOB calculation of the Grant Amount. An analysis will be conducted by MEDC to determine whether this additional funding constitutes a duplication of benefits.

Under this Agreement, future proceeds shall be subject to the following:

- a) If proceeds are received by the Applicant between the date of this Agreement and the date of the first disbursement of the Grant Amount are determined to be duplicative, the Program will re-calculate the Grant Amount by including the proceeds as a Duplication of Benefits in the grant calculation, which may result in the Grant Amount being reduced.
- b) If proceeds are received by the Applicant after the date of the first disbursement of the Grant Amount, but before the final disbursement, then the Applicant(s) need for assistance will be recalculated if the proceeds are found to be duplicative. In this case the Applicant may be required to repay the Program the difference between the total amount of disbursements as of the date the proceeds were received, and (ii) the total Grant Amount that would have been made if such proceeds had been included in the original DOB calculation.
- c) If proceeds are received by the Applicant after the date of the final disbursement of the Grant Amount, then the Applicant(s) must turn over to the Program the total amount of the Proceeds determined to be duplicative, up to, but not exceeding, the Grant Amount.
- d) If proceeds are received while the Applicant(s) is in default under the Program, then the Program will recover the amount of CDBG-DR proceeds up to the Grant Amount disbursed.

Applicant(s) must agree to assist and cooperate with the CDBG-DR Program should there be a need to pursue any of the claims the Applicant has or may have with other parties providing disaster assistance. If requested by the Program, the Applicant(s) must provide additional documents or share information with the Program to further determine what assistance is available to the Applicant(s) and the implications on the Grant Amount.

The Applicant executing this Agreement hereby represents that has been received, read, and understands this notice of penalties for making a materially false or misleading written statement to obtain Grant Proceeds.

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date





---

MICHIGAN  
ECONOMIC  
DEVELOPMENT  
CORPORATION

---

PURE *M*ICHIGAN®

# **CDBG-DR: DUPLICATION OF BENEFITS CERTIFICATION WORKSHEET APPLICANT RESPONSIBILITIES**





# Step 1: Total Need Calculated at a Point in Time

## CDBG-DR WORKSHEET FOR DUPLICATION OF BENEFITS ANALYSIS

**APPLICANT NAME:**

**ID #**

Step 1: Total Need for Project/Activity (to be completed by Applicant)	
What is the applicant's <u>unmet recovery need</u> ? Note, unmet need is determined at a point in time.	\$ <input type="text"/>

**Applicant Name:** Must be the legal name of the entity who will have control over the funds

**ID #:** This can be left blank. It will be completed by MEDC

**Unmet Recovery Need:** Unmet recovery need is calculated at a point in time and is the applicant's current need. The total unmet need is for the whole project; not just what the gap is.

# Step 2: Identify Total Assistance Available

Step 2: Identifying Total Assistance Available (to be completed by Applicant)	
1. Did the applicant receive insurance proceeds? If yes, answer the sub-questions below:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Yes   No   N/A</b>
a. How much assistance is provided?	\$ <input type="text"/>
b. What was the <u>purpose(s)</u> of the assistance? List the purpose(s) of the assistance to the right.	<input type="text"/>
2. Did the applicant receive <u>FEMA funds</u> ? If yes, answer the sub-questions below:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Yes   No   N/A</b>
a. How much assistance is provided?	\$ <input type="text"/>
b. What was the <u>purpose(s)</u> of the assistance? List the purpose(s) of the assistance to the right.	<input type="text"/>

## Purpose of the Assistance:

A grantee must identify the purpose of the assistance for which the funds were provided, not the purpose for which they were used.

## FEMA Funds:

Typical FEMA funds that CDBG-DR grantees should account for are FEMA Individuals and Households Program (IHP), Public Assistance Program (PA), Hazard Mitigation Grant Program (HMGP), and Building Resilient Infrastructure and Communities (BRIC).

# Step 2: Identify Total Assistance Available Continued

<p>3. Did the applicant receive an SBA loan or other <u>subsidized loan</u>? If yes, answer the sub-questions below:</p>	<p style="text-align: center;"> <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>  <b>Yes</b>    <b>No</b>    <b>N/A</b> </p>
<p>a. How much is the loan for?</p>	<p>\$ <input style="width: 100px;" type="text"/></p>
<p>b. What was the <u>purpose(s)</u> of the loan? List the purpose(s) of the loan to the right.</p>	<div style="background-color: #e6f2ff; height: 150px;"></div>

### Subsidized Loans:

Subsidized loans (including forgivable loans) are loans other than private loans. Both SBA and FEMA provide subsidized loans for disaster recovery.

### Purpose of the Assistance:

A grantee must identify the purpose of the assistance for which the funds were provided, not the purpose for which they were used.



# Step 2: Identify Total Assistance Available Continued

<p>4. Did the applicant receive other cash awards or major forms of assistance (e.g., funds from a state program, local program, non-profits)? If yes, answer the sub-questions below:</p>	<p style="text-align: center;"> <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>  <b>Yes</b>    <b>No</b>    <b>N/A</b> </p>
<p>a. How much assistance is provided?</p>	<p>\$ <input style="width: 100px;" type="text"/></p>
<p>b. What was the <u>purpose(s)</u> of the assistance? List the purpose(s) of the assistance to the right.</p>	<div style="background-color: #e6f2ff; height: 150px; width: 100%;"></div>

**Other Funds:**

Other funds may include CDBG, ARPA, SLFRF, USDA, USACE, EPA, IIJA or other sources

**Purpose of the Assistance:**

A grantee must identify the purpose of the assistance for which the funds were provided, not the purpose for which they were used.

1. For any insurance proceeds, FEMA assistance, or other major forms of assistance:	<input type="checkbox"/> <b>N/A</b>
a. Did the applicant use all the assistance provided? Note, the grantee must verify the applicant's response and may need to apply the necessary and reasonable cost principles to reduce the CDBG-DR award if any of the assistance is unused..	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Yes</b> <b>No</b> <b>N/A</b>
i. If applicable, list the portion of <u>unused insurance proceeds</u> to the right.	\$ <input type="text"/>
ii. If applicable, list the portion of <u>unused FEMA assistance</u> to the right.	\$ <input type="text"/>
iii. If applicable, list the portion of the other <u>unused</u> assistance to the right.	\$ <input type="text"/>

## Step 3: Excluding Non-Duplicative Assistance

<p>b. Did the applicant use the assistance for its <u>intended purpose</u>? Note, the grantee must verify the applicant's response. If the applicant did NOT use the assistance for its intended purpose this amount is a DOB.</p>	<p style="text-align: center;"> <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>  <b>Yes</b>   <b>No</b>   <b>N/A</b> </p>
<p>i. List the amount of the insurance proceeds used to the right.</p>	<p>\$ <input style="width: 100px;" type="text"/></p>
<p>ii. List the amount of the FEMA assistance used to the right</p>	<p>\$ <input style="width: 100px;" type="text"/></p>
<p>iii. List the amount of the other major assistance used to the right.</p>	<p>\$ <input style="width: 100px;" type="text"/></p>

## Step 3: Excluding Non-Duplicative Assistance



<p>c. Was the assistance provided for a <u>different purpose</u> than the CDBG-DR funds?</p>	<p style="text-align: center;"> <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>  <b>Yes</b>    <b>No</b>    <b>N/A</b> </p>
<p>i. If the insurance proceeds were provided for a different purpose, list the total amount that can be excluded to the right. If the answer is no, continue to the next question to determine if this amount is a DOB.</p>	<p>\$ <input style="width: 100px;" type="text"/></p>
<p>ii. If the FEMA assistance was provided for a different purpose, list the total amount that can be excluded to the right. If the answer is no, continue to the next question to determine if this amount is a DOB.</p>	<p>\$ <input style="width: 100px;" type="text"/></p>
<p>iii. If the other assistance was provided for a different purpose, list the total amount that can be excluded to the right. If the answer is no, continue to the next question to determine if this amount is a DOB.</p>	<p>\$ <input style="width: 100px;" type="text"/></p>

<p>d. Was the assistance provided for the <u>same purpose</u> as the CDBG-DR funds but used for a different allowable use?</p>	<p style="text-align: center;"> <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>  <b>Yes</b>    <b>No</b>    <b>N/A</b> </p>
<p>i. If the insurance proceeds were provided for a different allowable use, list the total amount that can be excluded to the right. If the answer to this question and the question before is no, this amount is a DOB.</p>	<p>\$ <input style="width: 100px;" type="text"/></p>
<p>ii. If the FEMA assistance was provided for a different allowable use, list the total amount that can be excluded to the right. If the answer to this question and the question before is no, this amount is a DOB.</p>	<p>\$ <input style="width: 100px;" type="text"/></p>
<p>iii. If the other assistance was provided for a different allowable use, list the total amount that can be excluded to the right. If the answer to this question and the question before is no, this amount is a DOB.</p>	<p>\$ <input style="width: 100px;" type="text"/></p>

## Step 3: Excluding Non-Duplicative Assistance

2. For any SBA loan or other subsidized loan:	<input type="checkbox"/> <b>N/A</b>
a. Was the <a href="#">loan declined</a> ?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Yes   No   N/A</b>
i. If yes, list the total amount of the loan that can be excluded to the right. Note, the grantee may need to collect documentation for the applicant's file. If the answer is no, continue to the next question.	\$ <input type="text"/>
b. Was the <a href="#">loan cancelled</a> ?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Yes   No   N/A</b>
i. If yes, list the total undisbursed portion of the loan to the right because this amount can be excluded. To determine if the disbursed portion is a DOB, continue to the next question. If the answer is no, continue to the next question. Note, the grantee may need to collect documentation for the applicant's file.	\$ <input type="text"/>

## Step 3: Excluding Non-Duplicative Assistance



<p>c. Is the loan for a <u>DRRA-covered disaster</u> (2016-2021 disasters)? If the answer is no, the disbursed portion of the loan is a DOB.</p>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>  <b>Yes</b>   <b>No</b>   <b>N/A</b></p>
<p>d. If the loan is for a <u>DRRA-covered disaster</u>, is the DOB analysis before the DRRA sunsets (October 5, 2023)?</p>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>  <b>Yes</b>   <b>No</b>   <b>N/A</b></p>
<p>i. If the answer is yes, did the applicant use the loan for a disaster-related purpose? If the applicant used the loan for a disaster related purpose, the disbursed portion of the loan can be excluded. If not, the disbursed loan amount is a DOB.</p>	<p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>  <b>Yes</b>   <b>No</b>   <b>N/A</b></p>
<p>ii. List the disbursed loan amount to the right.</p>	<p>\$ <input type="text"/></p>
<p><b><u>Total Exclusions</u> (non-duplicative funds):</b></p> <p><i>This value should be the sum of all the assistance with the answer “yes” in Step 3.</i></p>	<p>\$ <input type="text"/></p>

## Step 3: Excluding Non-Duplicative Assistance

# Step 3: Excluding Non-Duplicative Assistance

## Total Assistance:

*This value should be the sum of all assistance provided.*

\$ \_\_\_\_\_

**APPLICANT STATEMENT AND SIGNATURE:** Under penalties of perjury, I/we certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Additionally, if I/we receive future funding for the same purpose of the CDBG-DR funds, I/we will agree to repay the assistance that was duplicated. Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

REPRESENTATIVE NAME:

DATE:



---

MICHIGAN  
ECONOMIC  
DEVELOPMENT  
CORPORATION

---

PURE *M*ICHIGAN®

# CDBG-DR: DUPLICATION OF BENEFITS CERTIFICATION WORKSHEET MEDC RESPONSIBILITIES



EQUAL HOUSING  
OPPORTUNITY

<b>Step 4: Identifying the DOB (to be completed by MEDC staff)</b>	
List the applicant's <u>total assistance</u> from Step 2 to the right.	\$ <input type="text"/>
List the applicant's <u>total non-duplicative funds</u> from Step 3 to the right.	\$ <input type="text"/>
<b><u>Total DOB</u> (Subtract the non-duplicative funds from the total assistance):</b>	\$ <input type="text"/>

When self-certification and/or alternative documentation is used for the DOB analysis, it is recommended to have another staff review it.



<b>Step 5: Calculating the total CDBG-DR Award (to be completed by MEDC staff)</b>	
List the <u>applicant's total need</u> from Step 1 to the right.	\$ <input type="text"/>
List the total <u>DOB</u> amount from Step 4 to the right.	\$ <input type="text"/>
Subtract the DOB from the applicant's total need to identify the maximum CDBG-DR award.	\$ <input type="text"/>
<ul style="list-style-type: none"> <li>Apply the program cap, if applicable, to the maximum CDBG-DR award.</li> </ul>	\$ <input type="text"/>
<ul style="list-style-type: none"> <li>Reduce the maximum CDBG-DR award based on necessary and reasonable <u>cost principles</u>, if applicable.</li> </ul>	\$ <input type="text"/>
<b>Final CDBG-DR Award</b>	\$ <input type="text"/>

MEDC STAFF NAME:



---

MICHIGAN  
ECONOMIC  
DEVELOPMENT  
CORPORATION

---

PURE *M*ICHIGAN®

# Non-Federal Cost Share (FEMA Match)



# Non-Federal Cost Share (FEMA Match)

FEMA completes a duplication of benefits review as part of their project formulation process. The results of that DOB review can be found on the Insurance Narrative Sheet that is included in the Project Worksheet package.

## INSURANCE NARRATIVE SHEET

DR-4340-VI			
APPLICANT NAME	FIPS #	PW# and version	CATEGORY OF WORK
V.I. Department of Sports, Parks and Recreation – St. Thomas	000-U094L-00	00751(0)	E – Buildings & Equipment
SFHA (Yes/No)	PW AMOUNT	PERIL	Ref Project #
No	\$27,242.05	Wind	ST 85300
Insurance Limits – Building	Insurance Limits – Contents	Insurance Limits - Vehicle	
\$60,000,000.00	N/A	N/A	
Basic Deductible	Named Storm Deductible	Insurance Reduction	
\$500.00	\$5,000,000.00	N/A	

### FACTS

During the incident period, heavy rain and strong winds from Hurricane Maria caused damages throughout the U.S. Virgin Islands.

### FINDINGS

The applicant has provided declarations for a commercial insurance policy #NHM-17-1101 for the period of 06/10/17 to 06/10/18 issued by Lloyd's of London. The loss limit for building is \$60,000,000.00 subject to a \$5,000,000.00 windstorm deductible per blanket policy. The policy has a building flood limit of \$60,000,000.00 with a \$5,000,000.00 deductible.

### Damage #243974: TMU0911 - Romeo Malone Bldg - Building Components

The Romeo Malone Center was damaged by wind. No prior O&M requirement was found for this location. No reduction will be taken as the insurance policy limits have been exhausted. An O&M requirement will be mandated on the building for wind in the amount of \$27,242.05.

### REPETITIVE DAMAGES

No previous disaster requirements were found for locations identified in this project.

### REQUIREMENTS

As a condition of receiving Public Assistance for permanent work, an applicant must obtain and maintain insurance to cover that facility for the hazard that caused the damage. Compliance with Section 311 of the Stafford Act and its implementing regulations, Title 44 CFR 206.250-253 is a grant condition. The applicant must obtain and maintain property insurance coverage on the replacement facility for the life of the facility; the minimum amount required is the total amount of federal funds approved for the replacement facility, prior to any reductions for insurance. FEMA will not provide assistance for the same facility in future disasters if the requirement to obtain and maintain insurance is not met.

Obtain and maintain requirements exist on the following locations:

- V.I. Department of Sports, Parks and Recreation – St. Thomas must obtain and maintain wind property insurance on the Romeo Malone Center building structure in the amount of \$27,242.05.

Natine Lundy, PA Insurance Specialist (CTR)  
FEMA PA Puerto Rico

Page 1 of 2

September 27, 2019

will reduce assistance in a subsequent disaster by the amount of insurance required in the previous regardless of the amount of any deductible or self-insured retention the applicant assumed; or the amount of coverage the applicant chose to comply with the requirement.

Natine Lundy, PA Insurance Specialist (CTR), CRC Atlantic, San Juan, PR

Page 2 of 2

Natine Lundy, PA Insurance Specialist (CTR)  
Puerto Rico

September 27, 2019





---

MICHIGAN  
ECONOMIC  
DEVELOPMENT  
CORPORATION

---

PURE *M*ICHIGAN®

# HUD Example





# Infrastructure Example

---

- Example: Grantee's capital improvement plan (CIP) includes redesign and upgrades to a riverside park that has an outdated playground and inadequate lighting. The upgrades were planned for 2024.
- A 2022 flood inundates the park, causing significant deterioration of the existing park.
- If local funds were previously designated for the park but are no longer available, the grantee should document that the government does not have funds set aside and modify its CIP **only if warranted** because post-disaster, revised need for capital improvements exceeds the originally planned use of funds (84 FR 28841).

Steps to reevaluate CIP (preliminary step before project specific DOB analysis)	Calculation/decision
<b>Step 1:</b> Identify applicant's planned pre-disaster needs reflected in CIP (all projects)	\$2,000,000
<b>Step 2:</b> Identify revised needs for capital improvements post disaster	\$10,000,000
<b>Step 3:</b> Identify amounts available for capital improvements from all sources, including local funds (e.g., \$3,000,000 from FEMA + \$2,000,000 from local funds identified in CIP)	\$5,000,000
<b>Step 4:</b> Confirm planned park activity has tieback, even though it was in the CIP before the disaster	Yes, applicant documents flood damage
<b>Step 5:</b> Make sure the impact and unmet needs assessment in action plan reflects all disaster-related needs and sources for meeting them. Does unmet need exceed sources available?	Yes (\$10,000,000 > \$5,000,000)
<b>Step 6:</b> Confirm applicant has taken formal action to demonstrate that it does not have funds available for the park (e.g., amend CIP or pass a resolution indicating that funds will be redesignated to needs other than the park because need exceeds available sources)	Yes, if applicant documents formal action





---

MICHIGAN  
ECONOMIC  
DEVELOPMENT  
CORPORATION

---

PURE *M*ICHIGAN®

# Subrogation Agreement





NAME OF APPLICANT \_\_\_\_\_  
DOB SUBROGATION AGREEMENT

This Subrogation Agreement ("Agreement") is made and entered into on this day of \_\_\_\_\_, 20\_\_\_\_ by and between \_\_\_\_\_ and the \_\_\_\_\_

By receiving the CDBG-DR Grant Amount, the Applicant(s) hereby agrees to immediately report any current or future funding that may be received from any Federal Emergency Management Agency ("FEMA") program, Federal Highway Administration (FHWA), Environmental Protection Agency (EPA), U.S. Army Corps of Engineers (USACE), casualty or property damage insurance, nonprofit donations or grants, or any other funding source, that has not previously been included in the DOB calculation of the Grant Amount. An analysis will be conducted by MEDC to determine whether this additional funding constitutes a duplication of benefits.

Under this Agreement, future proceeds shall be subject to the following:

- a) If proceeds are received by the Applicant between the date of this Agreement and the date of the first disbursement of the Grant Amount are determined to be duplicative, the Program will re-calculate the Grant Amount by including the proceeds as a Duplication of Benefits in the grant calculation, which may result in the Grant Amount being reduced.
- b) If proceeds are received by the Applicant after the date of the first disbursement of the Grant Amount, but before the final disbursement, then the Applicant(s) need for assistance will be recalculated if the proceeds are found to be duplicative. In this case the Applicant may be required to repay the Program the difference between the total amount of disbursements as of the date the proceeds were received, and (ii) the total Grant Amount that would have been made if such proceeds had been included in the original DOB calculation.
- c) If proceeds are received by the Applicant after the date of the final disbursement of the Grant Amount, then the Applicant(s) must turn over to the Program the total amount of the Proceeds determined to be duplicative, up to, but not exceeding, the Grant Amount.
- d) If proceeds are received while the Applicant(s) is in default under the Program, then the Program will recover the amount of CDBG-DR proceeds up to the Grant Amount disbursed.

Applicant(s) must agree to assist and cooperate with the CDBG-DR Program should there be a need to pursue any of the claims the Applicant has or may have with other parties providing disaster assistance. If requested by the Program, the Applicant(s) must provide additional documents or share information with the Program to further determine what assistance is available to the Applicant(s) and the implications on the Grant Amount.

The Applicant executing this Agreement hereby represents that has been received, read, and understands this notice of penalties for making a materially false or misleading written statement to obtain Grant Proceeds.

\_\_\_\_\_  
Authorized Representative's Signature\_\_\_\_\_  
Date

Subrogation Agreements may be incorporated into the Subrecipient or Development Agreement or filed as a separate document. Grantee and Subrecipient's policy and procedures must have a procedure for periodically validating analysis, and, if necessary, recapturing funds.



# RESOURCES, LAWS, REGULATIONS

- CDBG-DR Website:  
<https://www.miplace.org/cdbg-dr/>
  - > Grant Administration Manual
  - > CDBG-DR Program Guidelines
  - > Funding Rounds & Award Announcements
- [Slides - 2023 CDBG-DR Clinic: Understanding Duplication of Benefits \(hudexchange.info\)](#)
- Section 312 (42 U.S.C. 5155) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.
- CDBG-DR Appropriations Acts and HUD Federal Register Notices.
- OMB Cost Principles (24 CFR part 570 and 2 CFR 200, subpart E).
- Grant Agreements/Subrecipient Agreements.

Submit questions to [CDBG@michigan.org](mailto:CDBG@michigan.org) and make sure to put "Question" in the subject line.