**Conflict of Interest Disclosure Form**

Conflict of Interest Regulations: U.S. HUD’s Conflict of Interest provisions are set forth at 24 CFR 92.356(b) which provide in relevant part that “No persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to activities assisted with HOME funds or who are in a position to participate in a decision-making process or gain inside information with regard to these activities may obtain a financial interest or financial benefit from a HOME-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to the HOME-assisted activity, or the proceeds from such activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. Immediate family ties include (whether by blood, marriage or adoption) the spouse, parent (including a stepparent), child (including a stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, and in-laws of a covered person.” 24 CFR 92.356(c) describes the persons covered by the above rule as being applicable to “Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the participating jurisdiction, State recipient, or subrecipient which are receiving HOME funds.” Furthermore, 24 CFR 92.356(a) states, In the procurement of property and services by participating jurisdictions, State recipients, and subrecipients, the conflict of interest provisions in 2 CFR 200.317 and 2 CFR 200.318, apply. In all cases not governed by 2 CFR 200.317 and 2 CFR 200.318, the provisions of this section apply.”

The purpose of this document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, finding or providing assistance. The term “Conflict of Interest” refers to situations in which financial or other personal considerations may compromise or have the appearance of compromising professional judgment in following the rules and regulation of the program. Please mark the appropriate box for each question and complete the attachment if indicated. This form (with Attachment, if required) must be completed and returned with your application.

Agency Name:       Funding Source:

Agency Address:       Contract Amount:

City, State, ZIP:       Project Name:

1. **Family Relationships:**

Does any employee, board member or person (as described above) in your agency have a family member directly or indirectly involved or employed with the Department of Economic and Community Development and/or City of Chattanooga that creates a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

Yes  No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

1. **Program Relationships:**

Does any employee, board member or person (as described above) in your agency serve or is appointed in a Department of Economic and Community Development and/or City of Chattanooga Board/Committee that may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

Yes  No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

Does an employee of the Department of Economic and Community Development and/or City of Chattanooga serve in the agency’s Board of Directors, which may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

Yes  No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

Does any elected official of the City of Chattanooga serve in the agency’s Board of Directors, which may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

Yes  No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

Is any employee, board member and/or person (as described above) in your agency involved in any other activity, directly or indirectly, with the Department of Economic and Community Development and/or City of Chattanooga that may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

Yes  No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

1. **Business Relationships**

Is any employee, board member or person in your agency or a family member (spouse, child, stepchild, parent, sibling, or domestic partner) involved as an investor, owner, employee, consultant, contractor, or board member with an entity that has a contractual relationship with the Department of Economic and Community Development and/or City of Chattanooga to provide goods or services, sponsor development activities and/or receive referrals from the Department of Economic and Community Development and/or City of Chattanooga?

Yes  No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

*I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the Department of Economic and Community Development and/or City of Chattanooga to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this Disclosure is not a confidential document. If U.S. HUD determines that a conflict of interest exists, this contract may be terminated and you may be required to return any and all funding allocated, whether used or not used.*

Print Name:       Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Signature

**Conflict of Interest Disclosure Form Attachment**

Agency Name:       Funding Source:

Agency Address:       Contract Amount:

City, State, ZIP:       Project Name:

If you answered YES to any question on the previous page, please complete the relevant section(s) below. If you answered NO to ALL the questions, you may discard this attachment. Provide this completed form with your application.

1. **Family Relationships:**
2. Name of the family member(s) directly or indirectly involved or employed by the Department of Economic and Community Development and/or City of Chattanooga:
3. Does any of the family members work in the program area?
4. Is any of the family members an elected official for the City of Chattanooga?
5. Relationship:       Position:

Department:       Supervisor:

1. **Program Relationships**
2. Other Activities: Name and describe the activity and/or program that you are directly or indirectly involved with?
3. Have you used the agencies’ name, resources (facilities, personnel, or equipment), or confidential information in connection with the activity and/or program described in #1 above?

Yes No

If YES, describe the resource used:

1. Name of the employee, board member or person (as described above) serving or appointed to serve in a Department of Economic and Community Development and/or City of Chattanooga Committee or Board:
2. Name of Committee or Board:
3. Name of the Department in Economic and Community Development and/or City of Chattanooga Committee employee or City official who serves on your agency’s Board of Directors.

Name:       Position:

Department:       Supervisor:

1. **Business Relationships**

Please complete this section for EACH business relationship, or attach a separate explanation of business and research activities.

1. Name of Business:
2. Categorize the business’ relationship with the Department of Economic and Community Development and/or City of Chattanooga:

Consultant or Advisor

Research Activities

Business or Referrals

Other contractual or business relationship

Briefly describe the business, or licensing activity:

1. Who is involved with the business? – Check all that apply

Employee Name:

Family member (name & relationship):

Describe the position or involvement – Check all that apply

Owner/Investor

Board Member

Employee/Manager

Other

1. Are you receiving any type of compensation?

Yes  No

If YES, describe:

1. Who at the Department of Economic and Community Development and/or City of Chattanooga oversees the relationship with this business?

Name:       Title:

Department:       Phone:

Print Name (Executive Director):       Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Signature