



PUERTO RICO DEPARTMENT OF HOUSING CDBG-DR PROGRAM

APPLICANT CONFLICT OF INTEREST DISCLOSURE FORM

The following form must be completed and submitted by each Applicant. The purpose of this form is to determine whether a conflict of interest may exist. The information will assist in the determination of whether the restrictions, oversight, or other conditions might be necessary prior to your receipt of assistance under the program.

Please refer to the following definitions as you are completing the form:

Conflict of interest – Situation in which any person who is a public servant, employee, agent, consultant, officer, or elected official or appointed official of the PRDOH, or of any designated public agencies, or of subrecipients that are receiving funds under the CDBG-DR Program may obtain a financial or personal interest or benefit that is or could be reasonably incompatible with the public interest, either for themselves, or with those whom they have business, or an organization which employs or is about to employ any of the parties indicated herein, or a member of their family unit during their tenure or for two (2) years after.

Family unit – Includes the spouse of the public servant or former public servant, his dependent children, family members within the fourth degree of consanguinity or within the second degree of affinity who are not dependents of or reside with the public servant or former public servant, or those persons who share the legal residence of the public servant or former public servant, or whose financial affairs are under the de jure or de facto control of the public servant or former public servant.

Public servant - Includes public officials and employees of PRDOH and/or any of its related agencies, including Subrecipients.

Please mark the appropriate box for each question and complete the attachment as indicated.

- 1. Are you a public servant?**
 YES
 NO
- 2. Is any member of your family unit a public servant?**
 YES
 NO
- 3. Do you or any member of your family unit have business dealings or business ties to/with a public servant?**
 YES
 NO

I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in the attached statement. I agree to comply with any conditions or restrictions imposed by the PRDOH and CDBG-DR programs 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 the PRDOH and CDBG-DR programs determine that a conflict of interest exists, you may be deemed ineligible for the requested assistance and you may be required to return any and all funding received and/or the value of the services you received from the program.

Print Name

Signature

Date

Applicant Conflict of Interest Disclosure Form Attachment

If you answered YES to any question on the page 1, please complete the section(s) below.
 If you answered NO to ALL the questions, you may discard this attachment.

Part I: About the Public Servant	
Public Servant name:	
Applicant's relationship with the public servant:	<input type="checkbox"/> Self <input type="checkbox"/> Member of Applicant's family unit <input type="checkbox"/> Associated with an organization that employs, has or is about to employ the Applicant <input type="checkbox"/> Has a financial or other interest with Applicant <input type="checkbox"/> Other:
Public servant's relation to the Government of Puerto Rico, PRDOH, CDBG-DR Programs and its subrecipients:	<input type="checkbox"/> Employee or officer <input type="checkbox"/> Agent <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Elected or appointed official <input type="checkbox"/> Other:
Agency/Department where public servant works:	
Describe the position and/or role of the Public Servant:	
<p>Does the Public Servant exercise, or has the Public Servant exercised, any functions or responsibilities with respect to the CDBG-DR Program, or is the Public Servant in a position to participate in or influence in the decision-making process or gain inside information with regard to activities under the CDBG-DR Program?</p> <p><input type="checkbox"/> No – If “No”, complete Part II.</p> <p><input type="checkbox"/> Yes – If “Yes”, a prohibited conflict of interest exists. Must complete Part 3 in order to submit an exception request for the PRDOH's consideration.</p>	

Part II: Certification of NO Conflict of Interest	
WARNING: Knowingly and willingly making false or fraudulent statements may result in denial of assistance, civil penalties, and/or referral to law enforcement.	
"I hereby certify under penalty of law that, as defined in 24 C.F.R. §570.611, no conflict of interest exists."	
Print name of Applicant:	
Signature of Applicant:	Date:
FOR USE BY PRDOH STAFF ONLY	
Name of PRDOH Staff who reviewed form:	
Signature of PRDOH Staff who reviewed form:	Date:

PART III: Request for Exception to Conflict of Interest

1. Provide a detailed explanation of the nature of the conflict:

2. Is the Applicant a member of a group or class of low- or moderate-income person intended to be the beneficiaries of the assisted activity?

No

Yes – Describe:

If Yes, will the exception permit Applicant to receive the same type of benefits available to other members of the group or class?

No

Yes – Describe:

3. Has the Public Servant recused himself/herself and/or withdrawn from any functions, responsibilities, and/or decision-making obligations with respect to the assisted activity?

No

Yes – Describe:

4. Was program assistance available before the Public Servant became subject to the potential conflict?

No

Yes – Describe:

5. Will denial of program assistance result in any undue hardship when weighed against the public interest served by avoiding the conflict?

No

Yes – Describe:

6. Provide other relevant information:

7. Attach evidence of the public disclosure of the conflict.

8. Attach a written statement from the PRDOH Legal Division confirming that no state or local law would be violated as a result of the issuance of an exception to the conflict of interest requirements.

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FOR USE BY PRDOH CDBG-DR STAFF ONLY

Exception petition decision:

- APPROVED
- REFERRED TO HUD
- DENIED
- RETURNED TO APPLICANT (If missing information/documents, must provide within 5 working days of the receipt of this notice.)

Name of PRDOH CDBG-DR Staff who revised form:

Signature of PRDOH CDBG-DR Staff who revised form:

Date: