



PUERTO RICO DEPARTMENT OF HOUSING CDBG-DR AND CDBG-MIT PROGRAM

CONFLICT OF INTEREST DISCLOSURE FORM APPLICANT

The following form must be completed and submitted by each Applicant¹. 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.

Applicants within a family unit which has ties to PRDOH and CDBG-DR/MIT Program, or one of its partner's employees, that may or could influence the decision-making process or outcome of a request for assistance in any manner, who knowingly apply, participate, and receive benefits from the Programs, must disclose the nature of their relationship. Failure to disclose such information may result in the immediate termination of the Applicant's participation in the Program and closing of his/her application file and/or, if applicable, the return of program funds.

Please mark the appropriate box which best represent Applicant type:

- Individual Individual as a d/b/a
- Corporation/LLC Nonprofit Entity
- Other (specify)

Applicants must disclose applicable information and complete Part IV of the attachment for:

- **Partners**
- **Directors**
- **Shareholders**
- **Any person who have sufficient authority to make decisions on behalf of the entity.**

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

Conflict of interest – Situation in which personal or economic interest is or could be reasonably in struggle with the public interest.

¹ **Applicant** – Any natural person or legal entity that submits an application to receive any type of assistance, service or benefit from any of the CDBG-DR/MIT programs.

Family unit – Includes the spouse of the public servant or former public servant, his dependent children, family members within the fourth (4th) degree of consanguinity or within the second (2nd) 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 officers 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, consultant, agent, contractor or sub-contractor of the Puerto Rico Department of Housing (PRDOH), or of any designated public agencies, or of subrecipients that are receiving funds under the CDBG-DR/MIT Program?

- YES
 NO

3. Do you or any member of your family unit have business dealings or business ties to/with a public servant, consultant, agent, contractor or sub-contractor of the Puerto Rico Department of Housing (PRDOH), or of any designated public agencies, or of subrecipients that are receiving funds under the CDBG-DR/MIT Program?

- YES
 NO

WARNING: Knowingly and willingly making false or fraudulent statements may result in denial of assistance, civil penalties, and/or referral to law enforcement.

If the CDBG-DR/MIT Program determines 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.

Please confirm the following:

- 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

<p>CDBG-DR/MIT programs to reduce or eliminate actual and/or potential conflicts of interest.</p> <p><input type="checkbox"/> I will update this disclosure form promptly, if relevant circumstances change.</p> <p><input type="checkbox"/> I understand that this disclosure is not a confidential document.</p>	
<p>Print name and both last names:</p>	
<p>Signature:</p>	<p>Date:</p>

FOR USE BY PRDOH CDBG-DR/MIT STAFF ONLY	
<p>Name of PRDOH CDBG-DR/MIT Staff who reviewed form:</p>	<p>Job Title of PRDOH CDBG-DR/MIT Staff who reviewed form:</p>
<p>Signature of PRDOH CDBG-DR/MIT Staff who reviewed form:</p>	<p>Date:</p>



ATTACHMENT

CONFLICT OF INTEREST DISCLOSURE FORM APPLICANT

If you answered NO to ALL the questions, you may discard this Attachment.

If you answered YES to ANY question, please complete the section(s) below.

Part I: About the Public Servant	
Public Servant, consultant, agent, contractor or sub-contractor name:	
Applicant's relationship with the public servant, consultant, agent, contractor or sub-contractor:	<input type="checkbox"/> Self <input type="checkbox"/> Member of Applicant's family unit Please indicate the degrees of relationship: <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:
Person related to Applicant relation to the Government of Puerto Rico, PRDOH, CDBG-DR/MIT 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"/> Sub-contractor <input type="checkbox"/> Elected or appointed official <input type="checkbox"/> Other:
Agency/Department/Company where public servant, consultant, agent, contractor or sub-contractor works:	
Describe the position and/or role of the public servant, consultant, agent, contractor or sub-contractor:	

Does the public servant, consultant, agent, contractor or sub-contractor exercise, or has exercised, any functions or responsibilities with respect to the CDBG-DR/MIT Program, or is 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/MIT Program?

- No** – If “No”, complete Part II.
- Yes** – If “Yes”, a prohibited conflict of interest exists. Must complete Part III in order to submit an exception request.

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 PRDOH CDBG-DR/MIT Conflict of Interest and Standards of Conduct Policy (**COI Policy**) and 24 C.F.R. §570.611, no conflict of interest exists.

Print name and both last names:

Signature of Applicant:

Date:

FOR USE BY PRDOH CDBG-DR/MIT STAFF ONLY
Part II: Certification of NO Conflict of Interest

Name of PRDOH CDBG-DR/MIT Staff who reviewed form:

Job Title of PRDOH CDBG-DR/MIT Staff who reviewed form:

Signature of PRDOH CDBG-DR/MIT 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:

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I have attached evidence of the public disclosure of the conflict.

I have attached 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.

Print name and both last names:

Signature of Applicant:

Date:

FOR USE BY PRDOH CDBG-DR/MIT STAFF ONLY
PART III: Request for Exception to Conflict of Interest

Determination regarding the request for exception:

Name of PRDOH CDBG-DR/MIT Staff who revised form:

Job Title of PRDOH CDBG-DR/MIT Staff who reviewed form:

Signature of PRDOH CDBG-DR/MIT Staff who revised form:

Date:

PART IV: Disclosure of Information	
<p>Provide name and title. Use extra sheets, if needed. If Applicant is a:</p> <ul style="list-style-type: none"> Corporation, list: 1) all officers; 2) all directors; and each stockholder having a 10% or more interest. Partnership, list: (1) all general partners; and (2) limited partners having a 25% or more interest in the partnership. Trust, list: (1) all managers, directors or trustees and (2) each beneficiary having at least a 10% beneficial interest in the trust. Any person who have sufficient authority to make decisions on behalf of the entity. 	
Name and Title:	
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Name and Title:	
Name and Title:	
Print name and both last names:	
Signature of Applicant:	Date:

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PART III: Request for Exception to Conflict of Interest	
Determination regarding the request for exception:	
Name of PRDOH CDBG-DR/MIT Staff who revised form:	Job Title of PRDOH CDBG-DR/MIT Staff who reviewed form:

Signature of PRDOH CDBG-DR/MIT Staff who revised form:	Date:
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