

PROGRAM DETERMINATION OF CONFLICT OF INTEREST

DETERMINATION OF CONFLICT OF INTEREST	
Administrator:	Contract Number:
Applicant:	
Description of Situation:	

Part 1 – Affected Persons	
Applicant’s application for Homelessness funding is subject to conflict of interest regulations at 24 CFR 92.356 as a result of his/her relationship with the following Affected Person who is associated with the Administrator:	
Affected Person’s Name	
Affected Person’s Position with Administrator	<input type="checkbox"/> Employee <input type="checkbox"/> Agent <input type="checkbox"/> Consultant <input type="checkbox"/> Officer <input type="checkbox"/> Elected or appointed official <input type="checkbox"/> Other:
Affected Person’s Relationship to Applicant	<input type="checkbox"/> Self <input type="checkbox"/> Member of Applicant’s family within 2 degrees of consanguinity or affinity as shown on Attachment 1: Relationship Charts. <input type="checkbox"/> Partner with Applicant <input type="checkbox"/> Associated with an organization that employs or is about to employ Applicant <input type="checkbox"/> Has a financial or other interest in or with Applicant <input type="checkbox"/> Other:
1. Does the Affected Person exercise any function or responsibility with respect to the funded project currently or in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes. Describe function/responsibilities:	
2. Is the Affected Person in a decision-making role with the Administrator with respect to the funded project currently or in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes. Describe role:	
3. Is the Affected Person in a position in which he/she may have gained inside information regarding the funded project currently or in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes. Describe position:	
If the answers to all of the above questions are “No”, complete “Part 2-Certification of NO Conflict” and submit to HPO for review.	
If the answer to any of the above questions is “Yes”, a prohibited conflict may exist. <ul style="list-style-type: none"> • Deny assistance in accordance with Administrator’s procedures; or 	

- Complete “Part 3 – Request for Exception” and submit to HPO for approval.

Part 2 - Certification of NO Conflict of Interest

Warning: It is a violation of Title 18, Section 1001 of the U. S. Code states for a person to knowingly and willfully make false, fictitious, or fraudulent statements in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States.

“I hereby certify under penalty of law that I am not a person who exercises, or has exercised, any responsibility with respect to the activities assisted with HPO funds. I am not, and have not been, in a position to participate in a decision-making process with respect to funded activities. I have not been in a position to gain inside information with regard to funded activities.”

Signature of Affected Person:

Date:

“Administrator certifies under penalty of law that this information is true and correct and that provision of funding assistance to Applicant would not constitute a conflict of interest as discussed at 24 CFR §92.356.”

Signature of Contract Administrator:

Date:

Part 3 – Request for Exception to Conflict of Interest

All exceptions must be submitted for review by DWS on a case-by-case basis. Upon review, DWS may make a written request that the exception be submitted to HUD for final determination and approval. Only HUD has the authority to make the final determination regarding disposition of a conflict of interest and/or to approve a request for exception. Activities for which an exception is required may not be submitted to DWS for approval until an exception has been granted by HUD. Do not proceed with assistance to Applicant until receiving final written authorization from DWS and HUD.

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

Describe:

2. Will the exception result in a significant cost benefit, expertise, or other benefit to the administration of the Program which would not otherwise be available?

No Yes – Describe:

3. Is the Applicant a member of a group or class of low-income Persons 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 made available to other members of the group or class?

No Yes – Describe:

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

No Yes – Describe:

5. Was this Contract available before the Affected Person became subject to the potential conflict?

No Yes – Describe:

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

No Yes – Describe:

7. Were applicable affirmative marketing procedures conducted?

No Yes – Describe:

8. Provide other relevant information:

9. Attach evidence of the public disclosure of the conflict, which must include **printing the disclosure in a local newspaper or similar publication**. The publication must adequately reach all residents of the Administrator's entire Service Area and may require use of multiple publications. Only posting a public notice in the Administrators' office space is insufficient.

10. Attach a written statement from an attorney representing the Administrator 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.

11. Attach documents evidencing that the Affected Person has withdrawn from his or her functions or responsibilities with respect to the funded Program.

12. Attach a resolution from Administrator's governing body confirming that Administrator intends to request an exception to the conflict of interest requirements from HUD.

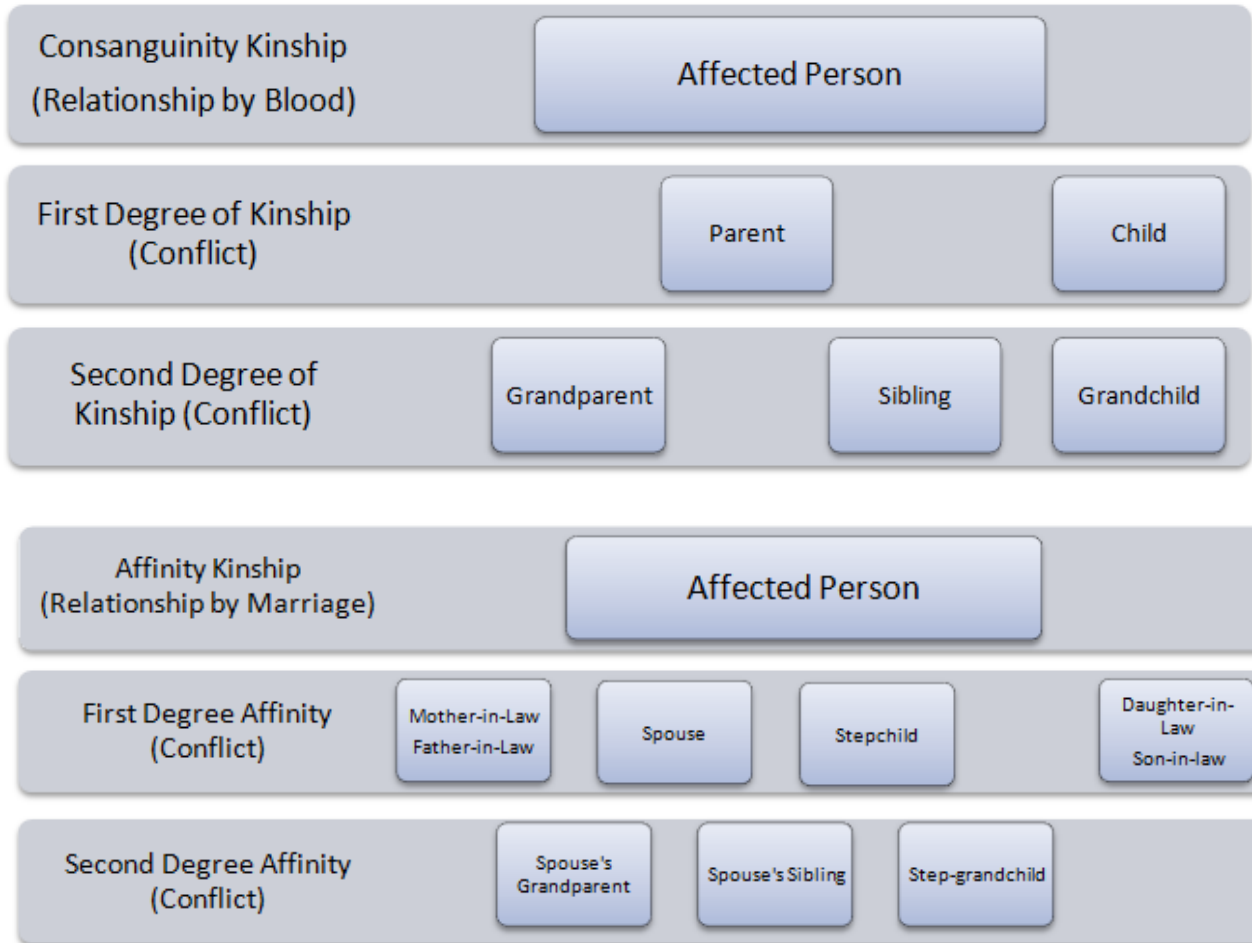
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Contract Administrator hereby certifies under penalty of law that the information provided herein is true and correct, and requests an exception to applicable conflict of interest regulations in order to provide funded Program assistance to the above-referenced Applicant.

Signature of Contract Administrator:

Date

Attachment 1: Relationship Charts



Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.



UTAH STATE OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
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 Main Number: 801-468-0148 Web: www.jobs.utah.gov/housing/index.html

