

Conflict of Interest Disclosure Form

Federal, State, and Local law prohibits employees and public officials of the city from participating on behalf of the city in any transaction in which they have a financial interest absent a Conflict-of-Interest Disclosure. This questionnaire must be completed and submitted by each applicant for ARPA SLFRF funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's owners would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any owner(s) of the applicant's business who currently is or has/have been within one year of the date of this application, a city employee or consultant, or a member of the city Council? Yes No

If yes, please list the names(s) below:

2. Will the ARPA SLFRF funds, requested by the applicant, be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application, a city employee, consultant, or a member of the city Council?

Yes No

If yes, please list the name(s) below:

3. Is there any member(s) of the applicant's staff or owner(s) of the applicant's business who are business partners or family members of a city employee, consultant, or a member of the city Council? Yes No

If yes, please list the name(s) below:

If you answered "YES" to any of the above, the city will review to determine whether a real or apparent conflict of interest exists.

Name of Subrecipient: _____

Name of Authorized Official: _____ Date: _____

Authorized Official's Title: _____

Signature of Authorized Official: _____ Date: _____