NEW YORK STATE | Homes and Community Renewal
Housing Trust Fund Corporation

# Conflict of Interest Disclosure Form

**Purpose**

Grantees of state and federal funds have a responsibility to ensure that public resources are used in the best interest of the public and within the confines of the funding source. Conflicts of interest are strictly prohibited as addressed in the COI clause included in NYS Housing Trust Fund Corporation's Office of Community Renewal ("OCR") executed contracts.

A conflict of interest occurs when an individual's financial, familial, or personal interests intersect with their duties and responsibilities, potentially compromising their judgement, decisions, or actions related to the OCR assisted project.

**Form Instructions & Process**

The Conflict of Interest Disclosure Form is designed to identify conflicts of interest concerning individuals involved in the OCR assisted project. It covers both the program participant selection process and the procurement process for both contractors and professional services. Upon review of the disclosure, OCR will issue guidance on whether or not a conflict exists and, if applicable, provide direction on submitting a Conflict of Interest waiver request. OCR will review conflicts of interest on a case-by-case basis in accordance with program specific regulations. Regulations governing OCR-administered programs may vary and definitions and rules related to conflicts are outlined in program specific material.

The Conflict of Interest Disclosure Form must be submitted to OCR a soon as a conflict is suspected. If the conflict of interest has occurred prior to receiving an OCR issued guidance and necessary steps were not completed, project costs may be disallowed, and funds may be recaptured. ***Do not attach additional documents unless directed to by OCR***

| **Grantee:** | **OCR Contract Number:** |
|---|---|
| **PART A: Define the Covered Person** | **OCR Program Name:** |
| **Covered Person's Name** | |
| **Covered Person's Position with Grantee** | ☐ Employee<br>☐ Board Member or Officer<br>☐ Elected or Appointed Official<br>☐ Consultant<br>☐ Other: |
| **Define the Relationship** | |
| **Covered Person's Relationship** | ☐ Self<br>☐ Member of Covered Person's family. Includes (whether by blood, marriage, or adoption) the spouse, parent (including a stepparent), child (including stepchild), sibling (including a stepsibling), grandparent, grandchild, and in-law.<br>If checked, identify relationship and name:<br>☐ Business associate of Covered Person. Includes an officer, director, employee, consultant, partner, or individual that directly or indirect owns or controls any stock in a firm, partnership, or association.<br>If checked, identify relationship and name:<br>☐ Has a financial or other interest in or with grantee<br>If checked, describe the interest:<br>☐ Other: |

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1. Has the program applicant's application or contractor's bid been selected through the established processes consistent with all program participation requirements? Provide details.

2. Describe position and/or role of Covered Person. Include a description of supervisory structures:

3. Does the Covered Person exercise any function or responsibility with respect to the OCR-administered program currently or in the past?

☐ No ☐ Yes. Describe function, responsibilities, and timeframe:

4. Is the Covered Person in a decision-making role with respect to the OCR-administered program currently or in the past?

☐ No ☐ Yes. Describe role:

5. Is the Covered Person in a position in which they may have gained inside information regarding the OCR-administered program currently or in the past?

☐ No ☐ Yes. Describe position:

6. Additional Comments:

## Certification

I have decision making and signatory authority for the program contract named above and certify that all representations and warranties contained in this document are true and correct.

| | |
|---|---|
| **Signature of Grantee Representative:** | **Date:** |
| **Print Name:** | **Title:** |