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

Conflict of Interest Waiver Request

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-administered project.

Requesting a Waiver

A waiver to the OCR Conflict of Interest policy may be requested only after receiving guidance issued from OCR. However, if the conflict of interest has occurred OCR will not consider an exception after the fact. If this occurred, costs may be disallowed, and funds may be recaptured.

Required Attachments

- **Grantee's Conflict of Interest Policy or adopted standards of conduct**
- **Evidence of Public Disclosure**. All conflicts must be disclosed by the Grantee and addressed according to adopted local procedures and guidance issued by OCR. At a minimum, disclose full details of conflict and decision to advance conflict of interest waiver request during full board meeting and include the disclosure in the official record of proceedings or meeting minutes.
- **A Letter of Opinion**. A letter of opinion from the Grantee's legal counsel that the interest for which the exception is sought would not violate state or local law and how the exemption complies with the Grantee's Conflict of Interest Policy. For municipal Grantees this should address how the situation complies with Article 18 of the NY General Municipal Law, which may include an outline of how the municipal Grantee arrived at the determination, and how the situation fits within any of the statutory exceptions.
- **A Memo.** (If related to the HOME or CDBG programs only.) A memo from the Grantee's leadership on letterhead describing the cumulative effect of the Factors to Consider outlined in the applicable program regulations**.** CDBG:24 CFR 570.489(h) and HOME: 24 CFR 92.356.
- **Additional documentation requested with the OCR Conflict of Interest Issued Guidance, if applicable**.

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Grantee:	**OCR Contract Number:**
PART A: Define the Covered Person - Provided as part of the Disclosure to OCR	
PART B: Detail the Exception and Request	
1. Identify the OCR program:	
2. Provide a brief explanation of the nature of the conflict:	
3. For procurement related conflicts, 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:	
4. Is the Covered Person 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 the Covered Person to receive the same type of benefits made available to other members of the group or class? ☐ No ☐ Yes – Describe:	
5. Has the Covered Person recused themself and/or withdrawn from all functions, responsibilities, and decision-making obligations with respect to the OCR-administered program? ☐ No ☐ Yes – Describe:	
6. Did the OCR funded activity commence before the Covered Person became subject to the potential conflict policy? ☐ No ☐ Yes – Describe:	
7. Will denial of the benefit result in any undue hardship when weighed against the public interest served by avoiding the conflict? ☐ No ☐ Yes – Describe:	

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8. Describe the process(es) related to the advertisement, review and selection of applications, and notification to program participants. If additional space is required, attach a separate response.
9. Provide other relevant information. If additional space is required, attach a separate response.

10. Grantee's Conflict of Interest Policy or adopted standards of conduct	☐ Attached
11. Evidence of Public Disclosure	☐ Attached
12. A Letter of Opinion from Grantee's Legal Counsel	☐ Attached
13. A Memo (CDBG and HOME only)	☐ Attached

Certification

By signing below, I certify that, 1) all representations and warranties contained in this document and associated attachments are true and correct and comply with program requirements, and 2) the program applicant's application or contractor's bid have been selected through the established processes consistent with all program application selection, and contractor selection for participation has not been influenced in any way by identified conflict of interest.

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