



COVID-19 Microenterprise Conflict of Interest Disclosure

Name of Owner/Applicant

Name of Business

A Covered Person, defined below, does not automatically disqualify an entity from participating in a HUD assisted program. If a covered person is identified, program staff will assist you with the additional steps that must be taken.

A person may become a “covered person” at any time during the implementation process. A new certification is required each time a covered person is identified.

Conflict of Interest [24 CFR 570.489(h), 24 CFR 570.611, 2 CFR 200.112 and 2 CFR 200.318 (c)(1) and R.I.G.L 36-14]

Applicant acknowledges and understands that, under HUD conflict of interest rules under 24 CFR 570.489, 24 CFR 570.611, 2 CFR 200.112 and 2 CFR 200.318(c)(1), a “Covered Person” is any person who

- a) exercises or has exercised any functions or responsibilities with respect to administering CDBG programs at the local, state, or federal level, or
- b) is in a position to participate in a decision-making process related to CDBG programs, or
- c) is in a position to gain inside information with regard to CDBG programs.

A Covered Person may not obtain a financial interest or benefit from a CDBG assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

“Family tie” means a person who is related to any public official or public employee, whether by blood, adoption or marriage, as any of the following: father, mother, son, daughter, brother, sister, grandfather, grandmother, grandson, granddaughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother or half-sister.

“Business tie” or “Business associate” means a person joined together with another person to achieve a common financial objective. Landowner-tenant relationship are considered business ties.

(Select only the certification that applies to this application. Do not sign both.)

Applicant hereby certifies that no owner, employee, agent, consultant, or officer, or their family members and business associates, is currently a Covered Person and has not been a Covered Person for a period of at least one (1) calendar year prior to the date of this application.

Name

Signature

Date

Or

Applicant hereby certifies that applicant organization includes a Covered Person as defined above, or that an owner, employee, agent, consultant, or officer of the applicant has a family or business relationship with a Covered Person.

Name

Signature

Date

COVID-19 Microenterprise Conflict of Interest Disclosure,

Part II

Please complete this page for each "Covered Person."

The Covered Person is (complete A, B, or C):

A. Applicant owner, employee, agent, consultant, or officer name:

Select Role: Owner Employee Agent Consultant Officer

B. Family member name:

Who is the person related to (name and position/role)?

What is the family relationship?

C. Business associate name:

Who does person have business ties / a business association with?

What is the nature of the business relationship?

Briefly describe the nature of the potential conflict of interest: