

City of Miami - Department of Community Development

Conflict of Interest Disclosure Form

Conflict of Interest Regulations: U.S. HUD's Conflict of Interest provisions are set forth at 24 CFR 570.611(b) which provide in relevant part that "...no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter..."

24 CFR 570.611(c) describes the persons covered by the above rule as being applicable to "Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer or elected official or appointed official of the recipient, or any designated public agencies, or of subrecipients that are receiving funds under this part."

The purpose of this document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, finding or providing assistance. The term "Conflict of Interest" refers to situations in which financial or other personal considerations may compromise or have the appearance of compromising professional judgment in following the rules and regulation of the program. Please mark the appropriate box for each question and complete the attachment if indicated. This form (with Attachment, if required) must be completed and returned to your Contract Compliance Analyst.

Agency Name: _____
Agency Address: _____
City, State, ZIP: _____

Funding Source: _____
Contract Amount: _____
Project Number: _____

A. Family Relationships:

Does any employee, board member or person (as described above) in your agency have a family member directly or indirectly involved or employed with the Department of Community Development and/or City of Miami that creates a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

Yes No (If YES, please complete Part A of the attachment)

B. Program Relationships:

Does any employee, board member or person (as described above) in your agency serve or is appointed in a Department of Community Development and/or City of Miami Board/Committee that may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

Yes No (If YES, please complete Part A of the attachment)

Does an employee of the Department of Community Development and/or City of Miami serve in the agency's Board of Directors, which may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

Yes No (If YES, please complete Part A of the attachment)

Does any elected official of the City of Miami serve in the agency's Board of Directors, which may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

Yes No (If YES, please complete Part A of the attachment)

Is any employee, board member and/or person (as described above) in your agency involved in any other activity, directly or indirectly, with the Department of Community Development and/or City of Miami that may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

Yes No (If YES, please complete Part A of the attachment)

C. Business Relationships:

Is any employee, board member or person in your agency or a family member (spouse, child, stepchild, parent, sibling, or domestic partner) involved as an investor, owner, employee, consultant, contractor, or board member with an entity that has a contractual relationship with the Department of Community Development and/or City of Miami to provide goods or services, sponsor development activities and/or receive referrals from the Department of Community Development and/or City of Miami?

Yes No (If YES, please complete Part A of the attachment)

I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the Department of Community Development and/or City of Miami to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this Disclosure is not a confidential document.

If U.S. HUD determines that a conflict of interest exists, this contract may no be terminated and you may be required to return any and all funding allocated, whether used or not used.

Printed Name

Date

Signature

Date

City of Miami - Department of Community Development Conflict of Interest Disclosure Form Attachment

Agency Name: _____
Agency Address: _____
City, State, ZIP: _____

Funding Source: _____
Contract Amount: _____
Project Number: _____

If you answered YES to any question on the previous page, please complete the relevant section(s) below. If you answered NO to ALL the questions, you may discard this attachment. Provide this completed form to your Contract Analyst.

A. Family Relationships:

1. Name of the family member(s) directly or indirectly involved or employed by the Department of Community Development and/or City of Miami:

2. Does any of the family members work in the program area? _____

3. Is any of the family members an elected official or the City of Miami? _____

4. Relationship: _____ Position: _____

Department: _____ Supervisor: _____

B. Program Relationships:

1. Other Activities: Name and describe the activity and/or program that you are directly or indirectly involved with?

2. Have you used the agencies' name, resources (facilities, personnel, or equipment), or confidential information in connection with the activity and/or program described in #1 above?

Yes No (If YES, describe the resource used)

3. Name of the employee, board member or person (as described above) serving or appointed to serve in a Department of Community Development and/or City of Miami Committee or Board:

4. Name of Board: _____

5. Name of the Department in Community Development and/or City of Miami Committee employee or City official who serves on your agency's Board of Directors.

Name: _____ Position: _____

Department: _____ Supervisor: _____

C. Business Relationships:

Please complete this section for EACH business relationship, or attach a separate explanation of business and research activities.

1. Name of Business: _____

2. Categorize the business' relationship with the Department of Community Development and/or City of Miami:

- Consultant or Advisor
- Research Activities
- Business or Referrals
- Other contractual or business relationship

Briefly describe the business, or licensing activity: _____

3. Who is involved with the business? – Check all that apply

- Employee Name: _____
- Family member (name & relationship): _____

Describe the position or involvement – Check all that apply

- Owner/Investor
- Board Member
- Employee/Manager
- Other

4. Are you receiving any type of compensation?

- Yes No (If YES, describe)

5. Who at the Department of Community Development and/or City of Miami oversees the relationship with this business?

Name: _____

Title: _____

Department: _____

Phone: _____

Printed Name (Executive Director)

Date

Signature

Date