

**FLORIDA DEPARTMENT OF COMMERCE
HURRICANE MICHAEL HOUSING REPAIR AND REPLACEMENT PROGRAM
(HRRP)**

**CONFLICT OF INTEREST DISCLOSURE FORM
APPLICANT**

The following form must be completed and submitted by each Applicant. The purpose of this form is to determine whether a conflict of interest exists. The information will assist in the determination of whether restrictions, oversight, or other conditions might be necessary prior to your receipt of assistance under the program.

Please refer to the following definitions as you are completing the form:

Conflict of interest – Situation in which any person who is a state official, employee, agent, consultant, officer, or elected official or appointed official of Florida Department of Commerce (FloridaCommerce), or of any of FloridaCommerce's consultants, vendors, or their assigned parties that are receiving funds under the CDBG-DR Program may obtain a financial or personal interest or benefit that is or could be reasonably incompatible with the public interest, either for themselves, or with those whom they have business, or an organization which employs or is about to employ any of the parties indicated herein, or a member of their family unit during their tenure.

Family – For purposes of this section, “family” is defined to include parents (including mother-in-law and father-in-law), grandparents, siblings (including sister-in-law and brother-in-law), and children of an official covered under the CDBG conflict of interest regulations at 24 CFR Sec. 570.489(h).

State Official - State officials and employees, FloridaCommerce employees, and FloridaCommerce consultants, vendors, and their assigned parties who exercise functions with respect to CDBG-DR activities

Please mark the appropriate box for each question and complete the attachment as indicated.

1. Are you a state official?

- YES
 NO

2. Is any member of your family unit a state official?

- YES
 NO

3. Do you or any member of your family unit have business dealings or business ties to/with a state official?

- YES
 NO

WARNING: Knowingly and willingly making false or fraudulent statements may result in denial of assistance, civil penalties, and/or referral to law enforcement.

If the CDBG-DR Program determines that a conflict of interest exists, you may be deemed ineligible for the requested assistance and you may be required to return funding received and/or the value of the services you received from the program.

Please confirm the following:

- I have read and understand the Conflict of Interest Disclosure Form.
- I have disclosed all information required by this disclosure, if any, in the attached statement.
- I agree to comply with any conditions or restrictions imposed by the FloridaCommerce and CDBG-DR programs to reduce or eliminate actual and/or potential conflicts of interest.
- I will update this disclosure form within 7 calendar days, if relevant circumstances change or if a potential conflict of interest arises.
- I understand that this disclosure is not a confidential document.

Print first and last name:

Signature:

Date:

**ATTACHMENT
 CONFLICT OF INTEREST DISCLOSURE FORM
 APPLICANT**

If you answered NO to ALL the questions above, you may discard this Attachment.

If you answered YES to ANY question, a conflict of interest may exist. Please complete the section(s) below. Answers to the questions below will be used to prepare an exception request.

| Part I: About the State Official | |
|---|---|
| State Official name: | |
| Applicant's relationship with the state official: | <input type="checkbox"/> Self <input type="checkbox"/> Member of Applicant's family unit <input type="checkbox"/> Associated with an organization that employs, has or is about to employ the Applicant <input type="checkbox"/> Has a financial or other interest with Applicant <input type="checkbox"/> Other: |
| State official's relation to the Government of Florida, FloridaCommerce, CDBG-DR Programs, or its consultants, vendors, or their assigned parties: | <input type="checkbox"/> Employee or officer <input type="checkbox"/> Agent <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Elected or appointed official <input type="checkbox"/> Other: |
| Agency/Department where state official works: | |
| Does the state official exercise, or has the state official exercised, any functions or responsibilities with respect to the CDBG-DR Program, or is the state official in a position to participate in or influence in the decision-making process or gain inside information with regard to activities under the CDBG-DR Program? | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Describe the position and/or role of the state official: | |
| | |

FOR USE BY FloridaCommerce OLTR STAFF ONLY
Part II: Certification of NO Conflict of Interest

| | |
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| Name of FloridaCommerce OLTR Staff who reviewed form: | Job Title of FloridaCommerce OLTR Staff who reviewed form: |
| Signature of FloridaCommerce OLTR Staff who reviewed form: | Date: |