ATTACHMENT C
CONFLICT OF INTEREST FLOWCHART

Is the person or his/her immediate family member* an employee; agent; consultant; officer; or elected or appointed official of the participating jurisdiction, state recipient, subrecipient or grantee receiving CDBG-DR funds?

- **NO** → NO CONFLICT EXISTS
  
  **YES**
  
  Does the person exercise any functions or responsibility with regard to activities assisted with CDBG-DR funds?
  
  - **OR**
    
    Is the person in a position to participate in a decision-making process?
    
    - **OR**
      
      Is the person in a position to gain inside information with regard to CDBG-DR activities?
      
      - **YES** → CONFLICT EXISTS
        
        Individual may recuse themselves from duties in which conflict exists or request an exception by completing the attached 2 page “exceptions” chart and forwarding to Compliance and Reporting section.
        
        - **YES** → CONFLICT EXISTS
          
          (One or more answers must be “yes”)
          
          - **YES** → CONFLICT EXISTS
            
            (ALL answers must be “no”)
            
            - **NO** → NO CONFLICT EXISTS
              
              Will this person or his/her immediate family obtain a financial interest or benefit from a CDBG-DR assisted activity?
              
              - **NO** → NO CONFLICT EXISTS
                
                Does this person or his/her immediate family have an interest in any contract, subcontract or agreement or proceeds?
                
                - **YES** → CONFLICT EXISTS
                  
                  (ALL answers must be “no”)
                  
                  - **NO** → NO CONFLICT EXISTS
                    
                    Will this person or his/her immediate family member* an employee; agent; consultant; officer; or elected or appointed official of the participating jurisdiction, state recipient, subrecipient or grantee receiving CDBG-DR funds?

*NOTE: “Immediate Family Member” is a broad definition as stated in the Conflict of Interest Memorandum [Attachment A].
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CONFLICT OF INTEREST FLOWCHART

I have reviewed the employee information for _____________________________ and determined:

☐ No conflict exists. Explanation:____________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

☐ Conflict exists – DEO employee/agent/consultant/officer/elected or appointed official will recuse
themselves from all duties in which a conflict of interest exists. Please describe the actions taken below:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

☐ Conflict exists – Request for exception worksheet completed and submitted to Housing and Urban
Development on (date)_______________________.

Supervisor:
Printed Name ____________________________
Signature ________________________________
Date _______________________________________

By signing below, I hereby acknowledge that I have received notification of the supervisor’s
determination regarding my potential conflict of interest.

Employee:
Printed Name ____________________________
Signature ________________________________
Date _______________________________________

