

Agency Name: _____

Exhibit 7: Conflict of Interest Disclosure

Federal, State, and City law prohibits employees and public officials of the City of New London from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed by each applicant and submitted with their application for funding through the Community Development Block Grant (CDBG). The purpose of this questionnaire is to determine if the applicant, any of the applicant's staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff, Board of Directors, or governing body who is or has/have been within one year of the date of this questionnaire (a) a City employee or consultant, or (b) a City Councilperson, or (c) a member of the Citizens Advisory Committee (CAC) member?

Yes

No

If yes, please complete the form below.

Name of Person with Potential Conflict of Interest	Job Title of Person with Potential Conflict of Interest	Indicate Whether this Individual is/was a City Employee, Consultant, City Councilperson, or CAC Member

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been, within one year of the date of this questionnaire, a City employee, consultant, City Councilperson or Citizens Advisory Committee member?

Yes

No

If yes, please complete the form below.

Name of Person with Potential Conflict of Interest	Job Title of Person with Potential Conflict of Interest	Indicate Whether this Individual is/was a City Employee, Consultant, City Councilperson, or CAC Member

3. Is there any member(s) of the applicant's staff, Board of Directors, or other governing body who is/are business partners or family members of a City employee, consultant, City Councilperson, or Citizens Advisory Committee member?

Yes

No

If yes, please complete the form below.

Name and Title of Person with Potential Conflict of Interest	Indicate the Name of the City Employee, Consultant, City Councilperson, or CAC Member to Whom this Individual is Connected	Indicate Type of Connection (Family or Business)	If Family, Indicate Relationship

I acknowledge, as a signatory authority for _____, that I
(name of agency)
 have read the HUD regulation regarding Conflict of Interest, 24 CFR 570.611 (attached and found at http://edocket.access.gpo.gov/cfr_2004/aprqt/pdf/24cfr570.611.pdf) and certify that the information contained herein is, to the best of my knowledge and belief, true, correct and complete.

 Signature of Authorized Representative

 Date

 Printed Name and Title of Authorized Representative