

In the procurement of property and services by SRDP recipients, the conflict of interest provisions in 24 CFR 92.356, 24 CFR 93.353, and 2 CFR Part 200.318 apply. These regulations state that no persons who exercise or have exercised any functions or responsibilities with respect to activities assisted with HOME or NHTF funds or who are in a position to participate in a decision making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a HOME/NHTF assisted activities, 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.

These conflict of interest provisions apply to any person who is an employee, family member, agent, consultant, officer, or elected official or appointed official of the Authority or a SRDP recipient which has been awarded HOME and/or NHTF funds.

Check the statement below that applies to the contract to be awarded between:

_____ and _____

___ Statement A: I acknowledge that I, _____ have read and understand the above conflict of interest requirements and certify that a conflict of interest **DOES NOT** exist.

___ Statement B: I acknowledge that I, _____ have read and understand the above conflict of interest requirements and certify that a conflict of interest **DOES** exist. **If Statement B applies, disclose the nature of the conflict of interest in the space provided below:**

By signing below, I certify that the statement provided above is true to the best of my knowledge and belief as of the date of my signature below. I also certify that I understand the conflict of interest provisions to which I am subject. I agree to contact SCSHFDA with respect to any new interests that might raise a potential conflict of interest or loss of impartiality during the course of my service on this contract/agreement.

Name of Applicant: _____

Printed Name of Authorized Recipient: _____

Signature of Authorized Recipient: _____

Date: _____