City of Miami - Department of Community and Economic 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.

Funding Source:

Agency Name: Agency Address: City, State, ZIP:						Funding Source: Contract Amount: Project Number:		
Ci	ty, Sta	ile, ZIP.				Project Number.		
A.	Famil	y Relations	ship	s:				
	direct and/o Intere	ly or indirec	tly in ami t on?	volved or e	ber or person (as described abov mployed with the Department of (a conflict of interest or the appea (If YES, please complete Part	Community and Econom rance of a conflict unde	nic Development	
	Progr	Program Relationships:						
	a Dep	artment of	Com of int	munity and	ber or person (as described abov Economic Development and/or C appearance of a conflict under th (If YES, please complete Part	City of Miami Board/Com ne Conflict of Interest Re	mittee that may	
	in the	agency's B	oard t of I	•	ment of Community and Economi s, which may create a conflict of i julation? (If YES, please complete Part	nterest or the appearan	•	

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 co	omplete Part A of	the attachment)		
	Is any employee, board member and/or person (as described above) in your agency involved in any othe activity, directly or indirectly, with the Department of Community and Economic Development and/or City Miami that may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?						onomic Development and/or City of		
		Yes		No	(If YES, please co	omplete Part A of	the attachment)		
C.	Busir	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 and Economic Development and/or City of Miami to provide goods or services, sponsor development activities and/or receive referrals from the Department of Community and Economic Development and/or City of Miami? No (If YES, please complete Part A of the attachment)								
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	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 and Economic 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.								
	Printe	d Name				Date			
	Signa	ture				Date			

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

Ą	geno	cy Name: cy Address: State, ZIP:		Funding Source: Contract Amount: Project Number:				
you	ı an			ous page, please complete the relevant section(s) below. If liscard this attachment. Provide this completed form to your				
A.			-	directly involved or employed by the Department of ad/or City of Miami:				
	2	Does any of th	ne family members work in the	e program area?				
	3.	Is any of the family members an elected official or the City of Miami?						
		•	,	Position:				
B.	1.	involved with? Have you used	s: Name and describe the acd the agencies' name, resour connection with the activity a	ces (facilities, personnel, or equipment), or confidential advor program described in #1 above?				
	3.	Name of the employee, board member or person (as described above) serving or appointed to serve in a Department of Community and Economic Development and/or City of Miami Committee or Board:						
	4.	Name of Board	d:					
	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:						
		Department:		Supervisor:				

C. Business Relationships:

and	and research activities.						
1.	Name of Business:						
2.							
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? Property Yes Property No (If YES, describe)						
5.	Who at the Department of Community and Economic Development and/or City of Miami oversees the relationship with this business? Name: Title: Phone:						
	Printed Name (Executive Director) Date						
	Signature Date						

Please complete this section for EACH business relationship, or attach a separate explanation of business