



**PUERTO RICO DEPARTMENT OF HOUSING
CDBG-DR/MIT PROGRAM**

**CONFLICT OF INTEREST DISCLOSURE FORM
APPLICANT**

The following form must be completed and submitted by each Applicant.¹ The purpose of this form is to determine whether a conflict of interest may exist. The information will assist in the determination of whether the restrictions, oversight, or other conditions might be necessary prior to your receipt of assistance under the Program.

Applicants within a family unit which has ties to the Puerto Rico Department of Housing (**PRDOH**) and CDBG-DR/MIT Program, or one of its partner's employees, that may or could influence the decision-making process or outcome of a request for assistance in any manner, who knowingly apply, participate, and receive benefits from the Program, must disclose the nature of their relationship. Failure to disclose such information may result in the immediate termination of the Applicant's participation in the Program and closing of his/her application file and/or, if applicable, the return of program funds.

Please mark the appropriate box which best represent Applicant type:

- Individual Individual "as doing business as"
 Corporation/LLC Nonprofit Entity
 Other (specify)

Applicants must disclose applicable information and complete Part IV of the Attachment for each of the following:

- **Partners**
- **Directors**
- **Shareholders**
- **Any person who has sufficient authority to make decisions on behalf of the entity.**

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

¹ **Applicant** – Any natural person or legal entity that submits an application to receive any type of assistance, service or benefit from any of the CDBG-DR/MIT programs.

Conflict of interest – In general, is a situation/event/relation/knowledge in which personal or economic interest is or could be reasonably in struggle with the public interest.

Family unit – Includes the spouse of the public servant or former public servant, his dependent children, family members within the fourth (4th) degree of consanguinity or within the second (2nd) degree of affinity who are not dependents of or reside with the public servant or former public servant, or those persons who share the legal residence of the public servant or former public servant, or whose financial affairs are under the *de jure* or *de facto* control of the public servant or former public servant.

Public servant – Includes public officers and employees of PRDOH and/or any related agencies, including subrecipients, who exercise or have exercised any responsibility to influence the decision-making process concerning activities assisted with CDBG-DR/MIT Programs funds, regardless of their interim or permanent position, with or without payment

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

1. Are you a public servant?
 YES
 NO

2. Is any member of your family unit a public servant, consultant, agent, contractor, or sub-contractor of PRDOH, or of any designated public agencies, or of subrecipients that are receiving funds under the CDBG-DR/MIT Program?
 YES
 NO

3. Do you or any member of your family unit have business dealings or business ties to/with a public servant, consultant, agent, contractor or sub-contractor of PRDOH, or of any designated public agencies, or of subrecipients that are receiving funds under the CDBG-DR/MIT Program?
 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, under 18 U.S.C. §§ 287, 1001 and 31 U.S.C. § 3729.

If the CDBG-DR/MIT Program determines that a conflict of interest exists, you may be deemed ineligible for the requested assistance and you may be required to return any

and all 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 form, if any, in the attached statement.
- I agree to comply with any conditions or restrictions imposed by the PRDOH and CDBG-DR/MIT Programs 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 form is not a confidential document.

Print name and both last names:

Signature:

Date:

FOR USE BY PRDOH CDBG-DR/MIT STAFF ONLY	
Name of PRDOH CDBG-DR/MIT Staff who reviewed form:	Job Title of PRDOH CDBG-DR/MIT Staff who reviewed form:
Signature of PRDOH CDBG-DR/MIT Staff who reviewed form:	Date:



ATTACHMENT

**CONFLICT OF INTEREST DISCLOSURE FORM
APPLICANT**

If you answered NO to ALL the questions, you may discard this Attachment. However, you may still have to complete Part IV if you meet the description provided there.

If you answered YES to ANY question, please complete the section(s) below.

Part I: About the Public Servant	
Public Servant, consultant, agent, contractor or sub-contractor name:	
Applicant's relationship with the public servant, consultant, agent, contractor or sub-contractor:	<input type="checkbox"/> Self <input type="checkbox"/> Member of Applicant's family unit Please indicate the degrees of relationship: <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:
Person related to Applicant relation to the Government of Puerto Rico, PRDOH, CDBG-DR/MIT Programs and its subrecipients:	<input type="checkbox"/> Employee or officer <input type="checkbox"/> Agent <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Sub-contractor <input type="checkbox"/> Elected or appointed official <input type="checkbox"/> Other:
Agency/Department/Company where public servant, consultant, agent, contractor or sub-contractor works:	
Describe the position and/or role of the public servant, consultant, agent, contractor or sub-contractor:	

<p>Does the public servant, consultant, agent, contractor or sub-contractor exercise, or has exercised, any functions or responsibilities with respect to the CDBG-DR/MIT Program, or is 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/MIT Program?</p> <p><input type="checkbox"/> No – If “No”, complete Part II.</p> <p><input type="checkbox"/> Yes – If “Yes”, a prohibited conflict of interest exists. Must complete Part III in order to submit an exception request.</p>

Part II: Certification of NO Conflict of Interest	
<p>WARNING: Knowingly and willingly making false or fraudulent statements may result in denial of assistance, civil penalties, and/or referral to law enforcement, under 18 U.S.C. §§ 287, 1001 and 31 U.S.C. § 3729.</p> <p><input type="checkbox"/> I hereby certify under penalty of law that, as defined in the Conflict of Interest and Standards of Conduct Policy (COI Policy) and 24 C.F.R. §570.611, no conflict of interest exists.</p>	
Print name and both last names:	
Signature of Applicant:	Date:

FOR USE BY PRDOH CDBG-DR/MIT STAFF ONLY	
Part II: Certification of NO Conflict of Interest	
Name of PRDOH CDBG-DR/MIT Staff who reviewed form:	Job Title of PRDOH CDBG-DR/MIT Staff who reviewed form:
Signature of PRDOH CDBG-DR/MIT Staff who reviewed form:	Date:

PART III: Request for Exception to Conflict of Interest

1. Provide a detailed explanation of the nature of the conflict:

2. Is the Applicant a member of a group or class of low- or moderate-income person intended to be the beneficiaries of the assisted activity?

No

Yes – Describe:

If Yes, will the exception permit the Applicant to receive the same type of benefits available to other members of the group or class?

No

Yes – Describe:

3. Has the Public Servant recused himself/herself and/or withdrawn from any functions, responsibilities, and/or decision-making obligations with respect to the assisted activity?

No

Yes – Describe:

4. Was program assistance available before the Public Servant became subject to the potential conflict?

No

Yes – Describe:

5. Will denial of program assistance result in any undue hardship when weighed against the public interest served by avoiding the conflict?

No

Yes – Describe:

6. Provide other relevant information:

WARNING: Knowingly and willingly making false or fraudulent statements may result in denial of assistance, civil penalties, and/or referral to law enforcement, under 18 U.S.C. §§ 287, 1001 and 31 U.S.C. § 3729.

I have attached evidence of the public disclosure of the conflict.

I have attached a written statement from the PRDOH Legal Division confirming that no state or local law would be violated as a result of the issuance of an exception to the conflict of interest requirements.

Print name and both last names:

Signature of Applicant:

Date:

**FOR USE BY PRDOH CDBG-DR/MIT STAFF ONLY
 PART III: Request for Exception to Conflict of Interest**

Determination regarding the request for exception:

Name of PRDOH CDBG-DR/MIT Staff who revised form:

Job Title of PRDOH CDBG-DR/MIT Staff who reviewed form:

Signature of PRDOH CDBG-DR/MIT Staff who revised form:

Date:

PART IV: Disclosure of Information	
Provide name and title. Use extra sheets, if needed. If Applicant is a: <ul style="list-style-type: none"> • Corporation, list: 1) all officers; 2) all directors; and each stockholder having a ten percent (10%) or more interest. • Partnership, list: (1) all general partners; and (2) limited partners having a twenty five percent (25%) or more interest in the partnership. • Trust, list: (1) all managers, directors, or trustees and (2) each beneficiary having at least a ten percent (10%) beneficial interest in the trust. • Any person who has sufficient authority to make decisions on behalf of the entity. 	
Name and Title:	
Name and Title:	
Name and Title:	
Name and Title:	
Print name and both last names:	
Signature of Applicant:	Date:

FOR USE BY PRDOH CDBG-DR/MIT STAFF ONLY	
PART III: Request for Exception to Conflict of Interest	
Determination regarding the request for exception:	
Name of PRDOH CDBG-DR/MIT Staff who revised form:	Job Title of PRDOH CDBG-DR/MIT Staff who reviewed form:
Signature of PRDOH CDBG-DR/MIT Staff who revised form:	Date: