



**Conflict of Interest Certification – CDBG Application**

\_\_\_\_\_  
Name of Applicant

**Conflict of Interest [24 CFR 92.356, 24 CFR 570.611, 2 CFR 112 and 2 CFR 318 (C)(1)]**

Applicant acknowledges and understands that, under HUD conflict of interest rules under 24 CFR 92.356, 2 CFR 112 and 2 CFR 318 (C)(1), 24 CFR 570.611, an employee, agent, consultant, officer, or elected or appointed official of the applicant or of Maricopa County who exercises or has exercised any functions or responsibilities with respect to activities assisted with CDBG or HOME funds or who is in a position to participate in a decision making process or gain inside information with regard to these activities (each “Covered Person”), may not obtain a financial interest or benefit from a CDBG or HOME-assisted activity, 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.

**(Select only the certification that applies to this application. Do not sign both.)**

Applicant hereby certifies that no “covered person” in its agency or corporation is currently a Covered Person and has not been a Covered Person for a period of at least one (1) calendar year prior to the date of this application.

\_\_\_\_\_  
Name Signature Date

**Or**

Applicant hereby certifies that applicant/subrecipient organization includes a Covered Person as defined above, or because applicant has a family or business relationship with a Covered Person.

\_\_\_\_\_  
Name Signature Date

Please provide a separate certification for each “covered person” and select the type of covered person.

Employee    Agent    Consultant    Officer    Elected Official    Appointed Official

The Covered Person is:

Applicant “covered person”

Family member-name: \_\_\_\_\_ (please print clearly)

Business associate-name: \_\_\_\_\_ (please print clearly)

A Covered Person does not automatically disqualify an entity from participating in a HUD assisted program. If a covered person is identified, the Project Coordinator will assist you with the additional steps that must be taken before the organization’s application can be funded.

A person may become a “covered person” at any time during the implementation process and this will include beneficiaries receiving assistance provided through this application who are or have a relationship with a covered person of the applicant or of Maricopa County. A new certification is required each time a covered person is identified.