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| **Project Information** | | | | | |
| **Subrecipient or State Representative Name:** | | | **Contract No. and/or WO:** | | |
| **Applicant Name:** | | | | | |
| **Co-Applicant Name:** | | | | | |
| **Physical Address:** | | | | | |
| **City:** | **State: Texas** | | **Zip Code:** | | |
| **Part 1 – Affected Person** | | | | | |
| Applicant’s application for GLO Disaster Recovery assistance is subject to conflict of interest regulations as a result of his/her relationship with the following Affected Person who is associated with the Subrecipient/State Representative: | | | | | |
| **Affected Person’s Name:** | | | | | |
| **Affected Person’s Position with Subrecipient/State Representative:** | |  | Employee | | |
|  | Agent | | |
|  | Consultant | | |
|  | Officer | | |
|  | Elected or appointed official | | |
|  | Other: | | |
| **Affected Person’s Relationship to Applicant:** | |  | Self | | |
|  | Member of Applicant’s immediate family | | |
|  | Partner with Applicant:  Associated with an organization that employs or is about to employ Applicant | | |
|  | Has a financial or other interest in or with Applicant | | |
|  | Other: | | |
| Is the Affected Person in a decision-making role with the Subrecipient/State Representative? Describe role:  No – If No complete “Part 2-Certification of No Conflict” and submit to the GLO for approval.  Yes – **If Yes, a prohibited conflict exists.**   * Deny assistance, or * Complete “Part 3 – Request for Exception” and submit to the GLO for approval. | | | | | |
| Is the Affected Person in a position in which he/she may have gained inside information regarding the GLO Disaster Recovery Program? Describe Position:  No – If No complete “Part 2-Certification of No Conflict” and submit to the GLO for approval  Yes – **If Yes, a prohibited conflict exists.**   * Deny assistance, or * Complete “Part 3 – Request for Exception” and submit to the GLO for approval. | | | | | |
| Under penalties of perjury, I/we certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. | | | | | |
|  | | | | | |
| Signature of Affected Person: | | | | Date: | |
| Signature of Subrecipient/State Representative: | | | | Date: | |
| **Part 3-Request for Exception to Conflict of Interest** | | | | | |
| All requested exceptions must be accompanied by the assurance of public disclosure and attorney opinion required by 24 CFR §§570.489(h)(4)(i) and (ii). GLO will review exception requests on a case-by-case basis in accordance with 24 CFR §§570.489(h)(4) and (5). An exception involving an employee, agent, consultant, officer, or elected official or appointed official of the State will be submitted to HUD for approval on a case-by-case basis. Please **DO NOT PROCEED** with assistanceto Applicant until receiving final written authorization from GLO. | | | | | |
| 1. Provide a detailed explanation of the conflict: | | | | | |
| 2. Will the exception result in a significant cost savings, expertise or other benefit to the administration of the GLO-DR Program which would not otherwise be available?  No  Yes – Describe: | | | | | |
| 3. Is the Applicant a member of a group or class of low- or moderate-income Persons intended to be the beneficiaries of the assisted activity?  No  Yes – Describe:  If Yes, will the exception permit Applicant to receive the same type of benefits made available to other members of the group or class?  No  Yes – Describe: | | | | | |
| 4. Has the Affected Person recused himself/herself and/or withdrawn from any functions, responsibilities, and/or decision-making obligations with respect to the assisted activity?  No  Yes – Describe: | | | | | |
| 5. Was GLO disaster recovery assistance available before the Affected Person became subject to the potential conflict?  No  Yes – Describe: | | | | | |
| 6. Will denial of GLO-DR assistance result in any undue hardship when weighed against the public interest served by avoiding the conflict?  No  Yes – Describe: | | | | | |
| 7. Where applicable, was there an opportunity provided for open competitive bidding or negotiation?  No  Yes – Describe: | | | | | |
| 8. Provide other relevant information: | | | | | |
| 9.  Attach evidence of the public disclosure of the conflict, which must include *publication of a notice in a local newspaper and, where practicable, on the Subrecipient/State Representative’s website*. The publication must adequately reach all residents of the Subrecipient/State’s jurisdiction and may require use of multiple publications. Posting of a public notice is *NOT sufficient.* | | | | | |
| 10.  Attach a **written statement from the Subrecipient/State Representative’s attorney** 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. | | | | | |
| Under penalties of perjury, I/we certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. | | | | | |
| **Signature of Subrecipient/State Representative:** | | | | | **Date:** |