ATTACHMENT C
CONFLICT OF INTEREST FLOWCHART

Is the person or his/her immediate family member* an employee; agent; consultant; officer; or elected or appointed official of the participating jurisdiction, state recipient, subrecipient or grantee receiving CDBG-DR funds?

YES

Does the person exercise any functions or responsibility with regard to activities assisted with CDBG-DR funds?

OR

Is the person in a position to participate in a decision-making process?

OR

Is the person in a position to gain inside information with regard to CDBG-DR activities?

NO

NO CONFLICT EXISTS

(ALL answers must be “no”)

YES

Will this person or his/her immediate family obtain a financial interest or benefit from a CDBG-DR assisted activity?

YES

CONFLICT EXISTS

Individual may recuse themselves from duties in which conflict exists or request an exception by completing the attached 2 page “exceptions” chart and forwarding to Compliance and Reporting section.

NO

NO CONFLICT EXISTS

NO

NO CONFLICT EXISTS

Does this person or his/her immediate family have an interest in any contract, subcontract or agreement or proceeds?

YES

NO

NO CONFLICT EXISTS

*NOTE: “Immediate Family Member” is a broad definition as stated in the Conflict of Interest Memorandum [Attachment A].
I have reviewed the employee information for ____________________________ and determined:

☐ No conflict exists. Explanation:

________________________________________________________________________
________________________________________________________________________

☐ Conflict exists – DEO employee/agent/consultant/officer/elected or appointed official will recuse themselves from all duties in which a conflict of interest exists. Please describe the actions taken below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ Conflict exists – Request for exception worksheet completed and submitted to Housing and Urban Development on (date) ________________________________.

  Supervisor: ________________________________
  Printed Name ________________________________
  Signature ________________________________
  Date ________________________________

By signing below, I hereby acknowledge that I have received notification of the supervisor’s determination regarding my potential conflict of interest.

  Employee: ________________________________
  Printed Name ________________________________
  Signature ________________________________
  Date ________________________________