



COMPLETED BY BUSINESS ENTITIES

INFORMATION

Organization Name			
Program	Funding Source		
Address			
City	State	Zip	

DISCLOSURE

**Note: In this disclosure, family members include whether by blood, marriage, or adoption: spouse, parent (including a stepparent), child (including a stepchild), sibling (including a step-sibling), aunts/uncles, nieces/nephews, grandparent, grandchild, great grandparent, great grandchildren, in-laws, romantic partners, and anyone who resides in the same household of a covered person.*

1. Is your organization currently a recipient of federal funds, either through the City or another source other than the funds currently being applied for? If so what type of funds and what is the source of the funds? Yes (complete below) No
2. Is any employee, officer, board member, consultant, or agent of your organization, or any member of the family*, currently or within the previous calendar year either an employee or elected or appointed official of the City of Houston? Yes (complete below) No

Please indicate the names, positions, and telephone numbers for each person applicable to the above question, including yourself (if applicable)

Name	Position and City Department	Email Address	Telephone Number

Please fill out additional forms as needed.

3. Is any employee, officer, board member, consultant, or agent of your organization, or any member of the family*, currently or within the previous calendar year in a position to obtain a financial interest or benefit from federal funding of any source? If so, please provide details here: Yes (complete below) No
4. Is any employee, or any member of the family*, an employee, officer, board member, consultant, or agent of your organization currently or within the previous calendar year in a position to participate in a decision making process or gain inside information on federal funding of any source? If so, please provide details here: Yes (complete below) No
5. Is any subcontractor, sub-recipient, or consultant engaged by your organization (or their employees, officers, or family members) currently or within the past three years in a position to obtain a financial interest, benefit, or inside information from City of Houston Housing Department programs or federal funding of any source? Yes (complete below) No

ADDITIONAL RELEVANT INFORMATION

If a potential conflict is identified, the City may request a waiver from its grantor (i.e. HUD, DOL, GLO). Federal regulations allow the grantor to consider "any other relevant facts" when evaluating a conflict-of-interest waiver request. You may use the space below to provide any additional information you believe may be relevant to the grantor's consideration of your specific circumstances. Examples of relevant information may include, but are not limited to:

- Urgent health or safety conditions affecting the property (e.g., roof failure, structural issues, lack of utilities)
- Income level or vulnerability status (e.g., extremely low-income household, 30% AMI)
- Disability or accessibility needs
- Risk of displacement or homelessness
- Time-sensitive circumstances
- Any other facts you believe would assist the grantor in understanding your situation

I/We certify that the information presented above is true and accurate to the best of my/our knowledge.

Applicant Initials

Co-Applicant Initials



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ADMINISTRATIVE PROCEDURE 2-22 COMPLIANCE

The Entity hereby certifies that it has not made any contributions to any current candidates running for City positions nor did Entity make any contributions to any City Official campaigns for those who were elected in the prior election cycle. This includes any contributions to an office holder of any City elected position as well as contributions to any specific-purpose committee which may be used by a Candidate for fundraising.

Initial Here

APPLICANT SIGNATURES

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. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our 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. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government. I/we understand that this application may be delayed or found ineligible if a conflict of interest is found to exist and no waiver is granted.

By

Date

Name

Title:

FOR PROGRAM STAFF USE ONLY

Does applicant list a potential conflict of interest?

Yes
(Forward to CGA)

No
(Process the COI normally)

Initials and Date