

CONFLICT OF INTEREST DISCLOSURE FORM

Federal Law Prohibits persons who exercise or who have exercised any functions or responsibilities with respect to the funding sources administered through this jurisdiction¹ or who are in the position to participate in a decision making process or to gain inside information with regard to such activities, may obtain a financial interest or benefit from an assisted activity either for themselves or those whom they have family or business ties, during their tenure or for one year thereafter.

Therefore, please answer the following disclosure questions:

1. Are you currently a (Please Check One):

- Board Member
- Commission Member
- Officer
- Senior Management Staff
- Staff directly associated with delivery of program

Title or position held: _____

2. Are you a business partner of any City of Stamford Community Development Office staff, member of the Board of Representatives, or member of the Board of Finance?

YES NO

If yes, please state the name of the City employee(s), Board of Representative(s), or Board of Finance Member(s):

3. Are you, or any immediate family member, a City of Stamford Community Development Office staff, member of the Board of Representatives, or member of the Board of Finance?

YES NO

If yes, please state the name of the City employee(s) and the Department, Board of Representative(s), or Board of Finance Member(s):

Signature: _____ Name: _____

Name of Current Employer: _____ Date: _____

Please hand sign and submit a scanned copy.

¹ 24 C.F.R. §570.611 (CDBG); 24 C.F.R. §92.356 (HOME) and/or any other citations applicable to any future funding that may be awarded to this jurisdiction