



CITY OF LAWRENCE

CONFLICT OF INTEREST QUESTIONNAIRE AND AFFIDAVIT

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

Federal, State and City law prohibits employees and public officials of the City of Lawrence from participating on behalf of the City in any transactions in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for Community Development Block Grant (CDBG) funding within the City of Lawrence Office of Planning and Development. The purpose of this questionnaire is to determine if the applicant, staff or any of the applicant's Board of Directors would be in a conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been, within one year of the date of this application, a City of Lawrence employee or consultant, or a member of the City Council? Yes No

If yes, please list the name(s) below:

2. Will the CDBG funds dedicated to this project be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been, within one year of the date of this application, a City employee, consultant or a member of the City Council? Yes No

If yes, please list the name(s) below:

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or member of the City Council? Yes No

If yes, please list the name(s) below:

If you answered "YES" to any of the above questions, the U.S. Dept. of Housing & Urban Development will review to determine whether a real or apparent conflict of interest exists. Additionally, please note that depending on the department in which the applicant or covered persons is employed, the City of Lawrence may, upon written request, request an exception from HUD on a case-by-case basis.

Name of Organization: _____

Name of Applicant's Authorized Official: _____

Authorized Official's Title: _____

Signature of Authorized Official & Date: _____



CITY OF LAWRENCE
Conflict of Interest Affidavit Form

The undersigned hereby certifies, under the pains and penalties of perjury, that neither they, nor those with whom they have business ties, nor any immediate family member of the undersigned is currently or has been within the past twelve months, an employee, agent, consultant, officer or elected or appointed official of the City of Lawrence.

For purposes of this affidavit "immediate family member" shall include parents, spouse, siblings, or children, irrespective of their place of residence.

I declare under penalties of perjury that the foregoing representations are true, correct, accurate, complete, and correct in all respects.

WITNESS:

SUBRECIPIENT/BORROWER:

THE COMMONWEALTH OF MASSACHUSETTS

Essex, ss.

Date: _____ 20 ____

Then personally appeared the above named _____, (title) of (organization) and executed the foregoing instrument and acknowledged the foregoing instrument to be (her / his) free act and deed as (title) aforesaid and the free act and deed of (organization), before me.

Name:
Notary Public

My Commission Expires: