



CONFLICT OF INTEREST DISCLOSURE REVIEW FORM

Program Management, please review and verify the information contained in this disclosure form.

Name: _____ Program Name: _____

Address: _____ City, State, Zip: _____

TYPE OF POTENTIAL OR ACTUAL CONFLICT:

*Family Member: by blood, marriage, or adoption, spouse, parent, step-parent, child, step-child, brother, sister, step-brother, step-sister, grandparent, grandchild, and in-laws of the applicant

- 1. Applicant's Family Member* is an employee working in the program area
2. Applicant's Family Member* has functions/responsibilities with respect to program area
3. Applicant is an employee working in the program area
4. Employee has functions or has responsibilities with respect to program area

YES to any one of the above Family Member &/or Employee responses means there is a Conflict - Stop Process

- 1. Have you received ANY gift or gratuities from applicant or given gifts?
2. Do you have ANY business interests or investments that could create a conflict of interest with your work or with the City?
3. Are you currently involved in or may have future involvement in ANY Legal Proceedings and Debarment that can create a conflict of interest in your work or with the City?

YES, to any one of the above Gifts, Business Relations, &/or Legal Proceedings and Debarment responses means there is a Potential Conflict - Send to COI Review Committee

Do not send to COI Review Committee if all of the above responses are NO; therefore, there is no conflict

Below information to be completed internally by City of Memphis/HCD staff only

Program Representative: _____ Date: _____

Supervisor: _____ Date: _____

Manager: _____ Date: _____

REVIEWED BY COI REVIEW COMMITTEE

RECOMMENDATION of COI Review Committee:

Conflict - Stop Process No Conflict - Continue to Process Ask for HUD Waiver-Based on Director's Approval

Compliance: _____ Date: _____

Accounting: _____ Date: _____

Legal: _____ Date: _____