



212-615-8329
housing@recovery.nyc.gov
nyc.gov/builditback

F2: Conflict of Interest Disclosure Form

Property Address

City, State, Zip

Federal, state, and local law prohibit employees, agents, and public officials of the City of New York from participating on behalf of the City in any transaction in which they have a financial interest.

This questionnaire must be completed and submitted by each owner named on the deed. The purpose of this questionnaire is to determine whether a conflict of interest may exist.

Please mark the appropriate box for each question and complete the attachment if indicated. This form (with Attachment, if required) must be completed and returned to your Application Coordinator.

A "Covered Employee" is a person who is a current employee, agent, consultant, or officer of one of the following New York City agencies, or who is an elected or appointed official with oversight over one or more of the following: NYC Office of the Mayor / NYC Mayor's Office of Housing Recovery Operations (HRO) or the "Build it Back" program NYC Office of Management and Budget (OMB) / NYC Department of Environmental Protection (DEP) NYC Department of Housing Preservation and Development (HPD) / NYC Department of Design and Construction (DDC)

- 1. Are you a Covered Employee?
2. Do you, or any person who holds an ownership or financial interest... have an immediate family member... who is a Covered Employee?
3. Do you, or any person who holds an ownership or financial interest... have business dealings or business ties to a Covered Employee?

I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in the attached statement. I agree to comply with any conditions or restrictions imposed by the City of New York to reduce or eliminate actual and/or potential conflicts of interest.

If the City of New York or the U.S. Department of Housing and Urban Development ("HUD") determines that a conflict of interest exists, you may be terminated from the Build it Back program and you may be required to return any and all funding received and/or the value of the services you received from the program.

Applicant (print name)

Signature

Date

## Conflict of Interest Disclosure Form Attachment

If you answered YES to any question on the previous page, please complete the relevant section(s) below.

If you answered NO to ALL the questions, you may discard this attachment. Provide this completed form to your Application Coordinator.

<b>Part I – About the Covered Employee</b> (to be completed by Applicant)	
Applicant’s application for Build it Back assistance is subject to conflict of interest laws as a result of his/her relationship with the following Covered Employee who is associated with the City:	
<b>Covered Employee’s Name:</b>	
<b>Applicant’s Relationship with the Covered Employee:</b>	<input type="checkbox"/> Self <input type="checkbox"/> Member of Applicant’s immediate family (including a spouse, domestic partner, child, parent, or sibling) <input type="checkbox"/> Associated with an organization that employs or is about to employ Applicant <input type="checkbox"/> Has a financial or other interest in or with Applicant <input type="checkbox"/> Other:
<b>Covered Employee’s Relation to the Office of the Mayor, HRO, OMB, DEP, DDC and/or HPD:</b>	<input type="checkbox"/> Employee or officer <input type="checkbox"/> Agent <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Elected or appointed official <input type="checkbox"/> Other:
<b>Describe position and/or role of Covered Employee:</b>	
<p>Does the Covered Employee exercise, or has the Covered Employee exercised, any functions or responsibilities with respect to the NYC Build it Back program, or is the Covered Employee in a position to participate in a decision-making process or gain inside information with regard to activities under the NYC Build it Back program?</p> <input type="checkbox"/> No – if No, <b>STOP</b> and submit this form to the Program. <i>At its discretion, the Program may required the Covered Employee to submit the certification of no conflict in Part 2.</i> <input type="checkbox"/> Yes – if Yes, a <b>prohibited conflict exists</b> . <i>If the City determines that an exemption could be sought for the conflict, the City will complete “Part 3 – Request for Exemption.”</i>	

**Part 2 – Certification of NO Conflict of Interest**  
*(completed by the Covered Employee)*

**Warning: Knowingly and willingly making false or fraudulent statements to the City of New York may result in denial of assistance, civil penalties, and/or referral to law enforcement.**

“I hereby certify under penalty of law that I am not a person described in 24 CFR § 570.611(c) who exercises, or has exercised, any responsibility with respect to the activities assisted with program funds. I am no, and have no been, in a position to participate in a decision-making process with respect to program activities. I have not gained inside information with regard to program activities.”

**Signature of Covered Employee:**

**Date:**

**FOR USE BY HOUSING RECOVERY OPERATIONS LEGAL STAFF ONLY:**

The City of New York certifies that this information is true and correct and that provision of program assistance to Applicant would not constitute a conflict of interest as defined at 24 CFR § 570.489(h).

**Authorized Signature of City of New York Representative:**

**Date:**

**Part 3 – Request for Exception to Conflict of Interest**

All requested exceptions must be accompanied by the assurance of public disclosure and attorney opinion required by 24 CFR §§570.489(h) (4) (i) and (ii). The program will review exception requests on a case-by-case basis in accordance with 24 CFR §§570.489(h)(4) and (5). Assistance **WILL NOT BE PROVIDED** to Applicant until receiving final written authorization from the program.

1. Provide a detailed explanation of the nature of the conflict:  
Describe:

2. Is the Applicant a member of a group or class of low or moderate income Persons intended to be the beneficiaries of the assisted activity?

No  Yes – Describe:

If Yes, will the exception permit Applicant to receive the same type of benefits made available to other members of the group or class?

No  Yes – Describe:

3. Has the Covered Employee recused himself/herself and/or withdrawn from any functions, responsibilities, and/or decision-making obligations with respect to the assisted activity?

No  Yes – Describe:

4. Was program assistance available before the Covered Employee became subject to the potential conflict?

No  Yes – Describe:

5. Will denial of program assistance result in any undue hardship when weighed against the public interest served by avoiding the conflict?

No  Yes – Describe:

6. Provide other relevant information:

7.  Attach evidence of the public disclosure of the conflict, which must include *publication of a notice in a local newspaper and, where practicable, on the program's website*. The publication must adequately reach all residents of the City of New York's jurisdiction and may require use of multiple publications.

8.  Attach a **written statement from the New York City Law Department** confirming that no state or local law would be violated as a result of the issuance of an exception to the conflict of interest requirements.

**Warning: Knowingly and willingly making false or fraudulent statements to the City of New York may result in denial of assistance, civil penalties, and/or referral to law enforcement.**

The City of New York hereby certifies that the information provided herein is true and correct, and requests an exception to applicable conflict of interest regulations in order to provide assistance under the Build it Back program to the above-referenced Applicant.

Authorized Signature of City of New York Representative:

Date: