

City of Minot – CDBG Program

Conflict of Interest Disclosure & Annual Certification (Subrecipients)

Subrecipient Organization Name:

CDBG Project / Activity Number:

Individual Name:

Title / Position:

Email Address:

Phone Number:

Conflict of Interest Screening

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|-----|--|
| Yes | No – Decision-making authority |
| Yes | No – Access to non-public CDBG information |
| Yes | No – Financial interest (self/family/business) |
| Yes | No – Potential benefit from CDBG activity |
| Yes | No – Affiliation with related organization |

Describe any actual or potential conflict of interest:

Describe mitigation or resolution steps (if applicable):

Annual Certification

I certify that I have reviewed CDBG conflict of interest requirements and that this disclosure is accurate.

Digital Signature:

Date: