

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

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:

For City of Minot Use Only