Attachment M
Community Development Block Grant Disaster Recovery Program
Conflict of Interest Policy and Form

As Pasco County administers Community Development Block Grant Disaster Recovery (CDBG-DR) awards from the U.S. Department of Housing and Urban Development ("HUD"), it is required to develop policies ensuring disclosure of any potential conflicts of interest. This disclosure form requires any real or perceived conflicts to be identified, and if necessary, waivers to be requested from HUD for projects or activities where a conflict does not allow any one person to influence, participate in, or make decisions, for more than one organization or beneficiary.

Conflict of Interest Definition

A conflict of interest is a situation in which any person who is a public servant, employee, agent, consultant, officer, or elected official or appointed official (collectively, "Public Servant") of Pasco County, or of any designated public agencies, or of subrecipients that are receiving funds under the CDBG-DR Program, may obtain a financial or personal interest or benefit that is or could be reasonably incompatible with the public interest, either for themselves or a member of their family during their tenure.

Such conflicts of interest will not be tolerated by Pasco County. Pasco County, program officials, their employees, agents and/or designees are subject to federal, state and local ethic laws and regulations regarding their conduct in the administration, granting of awards and program activities.

Your Responsibilities

If you are aware of an actual or potential conflict of interest, even if not your own, you have a duty to report that conflict of interest. Employees of Pasco County and any employees of CDBG-DR subrecipients must report the conflict of interest (potential or actual) to their direct supervisor. Covered persons with a potential or actual conflict of interest will be required to complete this Conflict of Interest Disclosure Form. Covered persons who do not have a relationship with Public Servants must report that no such relationship exists.

Although not every circumstance will be deemed an actual conflict, all covered persons must disclose a potential, actual, real or perceived conflict. It is better to disclose the conflict so that Pasco County—if and when applicable—may manage the conflict.

Conflict of Interest Examples

The following are some examples of potential conflicts of interests that require disclosure under Pasco County policy. This list is by no means exhaustive, and is for general reference only:

1. You have a relative employed with Pasco County or the subrecipient or with a Pasco County or subrecipient contractor.
2. You apply or applied for a Pasco County or subrecipient program, such as Individual Housing Programs.
3. You become the recipient of a Pasco County or subrecipient benefit, even if you were not the applicant.
4. You disclosed Pasco County or subrecipient procurement information to a potential contractor when you were not authorized to do so.
5. Your relative works for an organization that received CDBG-DR funds.

WARNING: Knowingly and willingly making false or fraudulent statements to the Pasco County may result in denial of assistance, civil penalties, and/ or referral to law enforcement.

Part II: Conflict of Interest Disclosure Form

INFORMATION ABOUT THE COVERED PERSON (Please add attachments if necessary)	
Name	
Employer and Title:	
Relationship with Pasco County or sub-recipient: Are you any of the following to Pasco County or subrecipient? (You may check all that apply)	☐ Employee ☐ Consultant ☐ Agent ☐ Elected or appointed official ☐ Contractor ☐ Subrecipient ☐ Other _____
Describe your position or role (include whether you are responsible for any contracts, financial activities, procurement, or have been part of any procurement selection processes with Pasco County or subrecipient)	
Do you have any function or responsibilities with respect to any Pasco County or subrecipient program, and/or are in a position to participate on a decision-making process or gain inside information with regard to any Pasco County or subrecipient program? If yes, please explain.	
Conflict of interest relationship (includes real, apparent, potential or perceived)	☐ I am associated by familial ties to a person that is with an organization that contracts, is about to contract, or has in the past contracted with Pasco County or the subrecipient (either as a contractor or subcontractor). ☐ I have familial ties to a person that is with an organization that may benefit or is benefitting from Pasco County or subrecipient activities. ☐ I have business ties and/or an interest or role in an entity that may benefit from Pasco County or subrecipient activities. ☐ I have a conflict of interest, potential conflict of interest, or perceived conflict of interest that ☐ is not covered by the prompts in this paragraph. ☐ I do not have a conflict of interest, potential conflict of interest, or perceived conflict of interest. ☐ Other _____

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Part II: Conflict of Interest Disclosure Form cont.

Information about the Conflict	
Please explain the conflict of interest:	
When did the conflict of interest begin? (Include approximate date)	
What steps have you taken to avoid, mitigate, or eliminate a conflict of interest, including recusing yourself from that activity?	
If the conflict of interest is related to any Pasco County or subrecipient procurement, please explain what role you had in the procurement process:	
Have you shared information about Pasco County or a subrecipient with a person or entity who could benefit from that information? If yes, specify the information that you shared.	
Request for exception:	☐ **I am requesting that an exception be made, or that Pasco County request an exception on my behalf to HUD.**

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Part II: Conflict of Interest Disclosure Form cont.

I have read and understand the Conflict-of-Interest Disclosure Form ("Form") in its entirety. I have disclosed all information required by this disclosure. I agree to comply with any conditions or restrictions imposed by Pasco County to reduce or eliminate actual and/or potential conflicts of interest. **I will update this disclosure form IMMEDIATELY if relevant circumstances change, and/or I believe there is an actual or potential conflict of interest related to my duties, my title, or involvement with any person that would subject me to the above conflict of interest requirements.** If Pasco County, its designee, or awarding agency determine a conflict of interest exists in violation of the applicable laws, Pasco County may take any action deemed necessary, including termination or separation from employment or a position. I agree to return any funds or the value of services in connection with the conflict of interest and program(s), as required by the State, Pasco County, or HUD. I understand that this is not a confidential document. I understand that completing this Form does not authorize me to engage in a conflict of interest, nor does this absolve me from the conflict of interest or any duty to report an actual or potential conflict of interest, including whether the conflict interest occurred in the past. I certify, under penalty of perjury, that the information I provide and submit with this Form is complete, true, and correct.

The Pasco County Attorney's Office will review the information provided in this Conflict-of-Interest Form. Pasco County Attorney's will conduct an assessment or investigation, if necessary, to decide as to whether a real or apparent conflict of interest exists. This assessment includes interviews and/or reaching out to entities or persons that may have information regarding the conflict of interest. By signing below, you are authorizing Pasco County and its agents to complete this assessment to the fullest extent permitted by law and are agreeing to fully cooperate with Pasco County. You also agree to be interviewed by a member of the Pasco County Attorney's Office and/or his/her designee. When the assessment is complete, Pasco County may report the assessment to HUD, which may include Pasco County's determination as to (i) the steps taken by either Pasco County or the covered person to mitigate or eliminate the conflict, (ii) whether the conduct violates State or local law, and (iii) whether Pasco County believes an exception should be made. A REQUEST FOR AN EXCEPTION DOES NOT AUTHORIZE YOU TO ENGAGE IN ANY ACTIVITY THAT IS IN VIOLATION OF THE CONFLICT-OF-INTEREST REQUIREMENTS AND/OR RELATED LAWS AND POLICIES.

_____	_____	_____
Signature	**Name (Print)**	**Date**

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