**POTENTIAL CONFLICT OF INTEREST DISCLOSURE**

**<*Insert Title of Project*>**

**<*Insert Municipality Name, e.g. City of Yourville*>**

**Do you have family or business ties to any of the people listed below?**

**Yes  No**

**If yes, please check the box next to the name(s) of the individual(s) and describe the relationship in the space provided below:**

ELECTED OFFICIALS:

<*INSERT FULL NAME AND TITLE OF CHIEF ELECTED OFFICIAL*>

<*INSERT FULL NAME AND TITLE OF OTHER ELECTED OFFICIAL*>

<*INSERT FULL NAME AND TITLE OF OTHER ELECTED OFFICIAL*>

<*INSERT MUNICIPALITY TYPE*> ADMINISTRATION, DEPARTMENT HEADS AND LEGAL COUNSEL:

<*INSERT FULL NAME AND TITLE*>

<*INSERT FULL NAME AND TITLE*>

<*INSERT FULL NAME AND TITLE*>

ENGINEERING AND CONSULTING FIRM(S):

<*INSERT FULL NAME, TITLE, AND BUSINESS/FIRM NAME*>

<*INSERT FULL NAME, TITLE, AND BUSINESS/FIRM NAME* >

<*INSERT FULL NAME, TITLE, AND BUSINESS/FIRM NAME* >

**Description of Relationship(s):**

**Please Note: The name of any bidder with a potential conflict of interest will be disclosed at the <Insert Governing Body Name, e.g., City Council, Village or Town Board> meeting in which bids are discussed. Potential conflicts of interest will be reviewed in accordance with 24 CFR 570.489(h).**

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Printed Name of Individual |  | Title |  | Signature |
|  | | |  |  |
| Name of Business/Firm/Company | | |  | Date Signed [MM/DD/YYYY] |