

## CONFLICT OF INTEREST

### Contractor Disclosure

All businesses submitting bids for projects and activities which include funding through the Wyoming WCDA HOME-ARP Program must disclose any potential conflict of interest. A conflict of interest may occur if any business owner/principal is related to or has a business relationship with an employee, officer, or elected official of a project applicant or with a WCDA employee or board member, or as otherwise defined in the WCDA HOME-ARP Policy and Procedure Manual. If it is determined there is an actual or potential conflict of interest or potential conflict of interest, you may not be selected even if your bid is determined to be the lowest, most qualified. You may request WCDA to review the conflict circumstances and make a formal determination regarding the existence of such conflict. Such review which may result in a waiver by WCDA allowing for approval of such application. However, WCDA reserves the right to approve or deny any application for funds based upon its review and determination of such conflict and whether it could create an adverse effect resulting from an approval and award of funds.

1. Has owner/principal ever been an employee, agent, consultant, officer, elected official or appointed official of \_\_\_\_\_?  
☐ Yes ☐ No If yes, please identify:
2. Is owner(s)/principal(s) related (including through marriage or domestic partnership) to an employee, agent, consultant, officer, elected or appointed official of \_\_\_\_\_?  
☐ Yes ☐ No If yes, please identify:
3. Does owner/principal have a business or professional relationship with anyone identified in Question #1?  
☐ Yes ☐ No If yes, please identify:
4. Do you agree to abide by all conflict-of-interest guidelines outlined in WCDA Policy and Procedure Manual?  
☐ Yes ☐ No If yes, please identify:
5. Do you agree to notify WCDA immediately when a conflict of interest arises or may potentially arise? ☐ Yes ☐ No

I certify that the above information is true and correct. I understand that providing false statements or information is grounds for termination of assistance and is punishable under federal law.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_(Print)

<b>HOME-ARP Grant Number:</b>	<b>Date Received:</b>
<input type="checkbox"/> Conflict of Interest does not exist	<input type="checkbox"/> Conflict of Interest exists
<input type="checkbox"/> Waiver Granted	<input type="checkbox"/> Waiver Denied