

CONFLICT OF INTEREST DISCLOSURE FORM

Federal Law prohibits persons who exercise or who have exercised any functions or responsibilities with respect to the funding sources administered through this jurisdiction or who are in the position to participate in a decision making process or to gain inside information with regard to such activities, may obtain a financial interest or benefit from an assisted activity, either for themselves or those whom they have family or business ties, during their tenure or for one year thereafter.

Therefore, please answer the following disclosure questions:

1. Are you currently a (Please Check One):

Board Member Commission Member Officer

Executive Management Staff Staff directly associated with delivery of program

2. State position held: _____

3. Are you, any of your immediate family member (s), or your business partner(s) directly or indirectly related to any City of Meriden employee(s), member of City Council, or a member of the City of Meriden Human Services Committee?

(Please Check One): No Yes

If yes, please state the name of the City employee(s) and the Department, City Council Member(s), and/or City of Meriden Human Services Committee:

4. Are you, or any immediate family member, a City of Meriden employee(s), member of City Council, or member of the City of Meriden Human Services Committee?

(Please Check One): No Yes

If yes, please state the name of the City employee(s) and the Department, City Council Member(s), and/or City of Meriden Human Services Committee:

Signature: _____ Name: _____

Name of Current Employer: _____ Date: _____

(1) 24 C.F.R. §570.611 (CDBG); and/or any other citations applicable to any future funding that may be awarded to this jurisdiction.