

City of Tampa
Homeowner Hurricane Assistance
HHA



CONFLICT OF INTEREST DISCLOSURE FORM

Applicant Name: _____

Purpose

A conflict of interest may exist for any employee, agent, consultant, officer, or elected or appointed official of the recipient, or for any designated public agencies or subrecipients involved in activities under the HHA Program, or for those who have exercised or currently exercise any functions or responsibilities with respect to the government of the City of Tampa.

Individuals who are in a position to participate in a decision-making process, or gain inside information related to such activities, may obtain a financial interest or benefit from a HHA-assisted activity. This includes having a financial interest in any contract, subcontract, or agreement related to the HHA-assisted activities, or in any proceeds from such activities. This applies to the individual, as well as to their business or immediate family members.

I hereby certify that to the best of my knowledge

☐

I **do not** have a conflict of interest

☐

I **do** have a potential conflict of interest (if boxed is checked, you **must** complete the potential conflict of interest section on page 2.)

Applicant Signature

Date

Co-Applicant Signature

Date

Warning: Title 18, Section 7667 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government;

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Potential Conflict of Interest

This section must be completed by all applicants who indicated above that they have a potential conflict of interest.

Conflict of Interest Information:

1. Name of person who has a potential conflict of interest:

Relation to person:

- ☐ Self
- ☐ Member of applicant's family unit
- ☐ Other (list) _____

2. Person's relationship to HHA, government of City of Tampa, and its subrecipients.
Check appropriate box and list name of the agency/company/position:

- ☐ Government Employee or Officer:

- ☐ Consultant or Contractor:

- ☐ Subrecipient:

- ☐ Elected or Appointed Official:

- ☐ Other:
