



AGENCY CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM

Pursuant to Section 18 of your MSA, the analogous Section of your PSA, no employee, officer, board member, or agent may participate in the selection, award, or administration of a grant award if he or she has a real or apparent conflict of interest. Further, you must disclose in writing to KCRHA any potential conflict of interest (COI) affecting the funds awarded. **For the purposes of this section, COI is defined as:**

- a) any beneficial interest, directly or indirectly, in any contract using awarded funds that may be made by, through or under the supervision of your Agency, including its officers, employees, agents, board members, or any member of their immediate family (spouse, domestic partner, child, sibling or parent), or their business partner, or by an organization that employs any of the indicated parties, from any other person beneficially interested therein,

OR

- b) any acceptance, directly or indirectly, of any compensation, gratuity, or reward in connection with a contract using awarded funds.

INSTRUCTIONS: This form is a 2-part form. Please read the entire form before completing the form.

Reporting Period:	
<input type="checkbox"/> Annual COI Report for Year: _____	<input type="checkbox"/> Change in circumstances related to potential conflict
B) Agency Information	
Agency Name: _____	HIMIS Number: _____
Agency Contact: _____	Submission Date: _____

PART 1: Due Diligence Questionnaire	Yes	No
1. Do you have a COI policy and procedures that include a definition of the relationships that are viewed as a conflict of interest?	<input type="checkbox"/>	<input type="checkbox"/>
2. How are officers, employees, and agents made aware of and provided with a copy of your COI policy and procedures?		
3. Do all officers, employees, and agents fill out information regarding relationships that could be viewed as a conflict of interest?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are regular updates of information provided by officers, employees, and agents?	<input type="checkbox"/>	<input type="checkbox"/>
5. What is the process for an individual to report a conflict of interest?		

6. Who reviews the information provided by officers, employees, or agents?		
7. Who verifies that an officer, employee, or agent is removed from participation when a conflict is identified?		
8. Does your agency allow gratuities or unsolicited gifts of nominal value?	<input type="checkbox"/>	<input type="checkbox"/>
If a nominal value is allowed, what is the amount? _____		

PART 2: Conflict of Interest Certification and Disclosures

For each named party, please indicate the Office or role held by the party in your agency, then provide the following information in the applicable field:

- a. **Nonprofit or Board Positions.** Nonprofit and for-profit boards they (or immediate family member(s)) sit on, any for-profit businesses for which they (or immediate family member(s)) are an officer or director, or a majority shareholder or board member, and the name of their (or immediate family member(s)) employer and any businesses they (or immediate family member(s)) own.
- b. **Employment or Volunteer Affiliations.** Disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest.
- c. **Financial or Other Beneficial Interests.** Specify any other beneficial interest(s), whether direct or indirect, that would reasonably appear to be affected by fund-related activities.

Definitions

"Compensation" means anything of economic value, that is paid, granted or transferred, or is to be paid, granted or transferred for, or in consideration of, personal services to any person.

"KCRHA action" means any action on the part of the KCRHA, including, but not limited to: (1) any decision, determination, finding, ruling or order; and (2) any grant, payment, award, license, contract, transaction, sanction, or approval, or the denial thereof, or the failure to act with respect thereto.

"Financial Interest" is anything that has a monetary value, whether you can easily determine a dollar value for it, including compensation, equity, gifts, or other things of value. A financial interest may be either negative, involving a loss or liability, or positive, involving a gain.

"Immediate family" means a spouse, domestic partner, employee's child or the child of an employee's domestic partner, and other dependent relatives if living in his or her household.

"Person" means any individual, partnership, association, corporation, firm, institution, or other entity, whether or not operated for profit. The term does not include government agencies within the United States unless so specified.

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Part 2: Declarations	
<input type="checkbox"/> Nothing to Declare (check this box if after reviewing the entire form your agency has nothing to disclose – see below for details) <i>Nothing to Declare. Stating your agency has nothing to declare means it has considered any real, apparent or potential conflicts of interest between its affairs, the affairs of its employees, officers, board members, and agents and the duties and responsibilities of same related to KCRHA fund awards and your agency has nothing to disclose.</i>	
<input type="checkbox"/> Agency Disclosures. (check this box if after reviewing the entire form your agency would like to submit disclosures – see below for details) The following parties have reported potential conflict(s) of interest. (For each party, please specify your answers to Sections A-D below. Please complete Sections A-D got for each additional party. Please copy these sections to additional sheets as necessary.	
Name of employee, officer, board member, or agent.	
A. Non-profit or Board Positions: Nonprofit or for-profit boards or businesses for which employee, officer or director, or a majority shareholder or board member, or agent (or their immediate family member(s)), including unpaid board positions, hold in any organization or with a <u>person</u> contracting with the KCRHA or providing services with the KCRHA?	
1. During the reporting period did employee, officer or director, or a majority shareholder or board member, or agent (or their immediate family member(s)) hold a position in any organization or with a <u>person</u> contracting with the KCRHA or providing services with the KCRHA? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please answer the following additional questions:	
1. Member of Governing Board? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, position held:	2. Member of Advisory Committee Board? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, position held:
B. Employment or Volunteer Affiliations: Disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest.	
1. List place(s) of employment or volunteer affiliations.	
2. Name of each <u>organization or person</u> with which a position was held.	
3. Name of individual who held the position and their relationship to you.	

4. Describe the situation and provide any additional information regarding the position(s).

C. Financial or Other Beneficial Interest: Specify any other beneficial interest(s), whether direct or indirect, that would reasonably appear to be affected by fund-related activities.

1. Compensation, Gifts, and Things of Value. During the reporting period, did your agency, on an employee, officer, board member or agent of our agency or a member of their immediate family receive compensation or pay, gifts, or anything of value from any organization or person contracting with the KCRHA or providing services for or in collaboration with the KCRHA?

No Yes **If yes,** please answer the following additional questions:

1a. Name of each organization or person from which compensation, gifts, or thing of value was received.

1b. Name of individual who received the compensation, gift, or thing of value and their relationship to your agency.

1c. Describe the situation and provide any additional information regarding the compensation, gift, or thing of value.

2. Financial Interests

During the reporting period, did your agency, on an employee, officer, board member or agent of our agency or a member of their immediate family possess a financial interest in any organization or person contracting with the KCRHA or providing services with the KCRHA?

No Yes **If yes,** please answer the following additional questions:

2a. Name of each organization or person with which a financial interest was possessed.

2b. Name of each individual who possesses a financial interest and their relationship to you.

2c. Describe the situation and provide any additional information regarding any financial interests.

4. Real Property, Assets and Liabilities

During the reporting period, did you, or a member of your immediate family possess a financial interest in any real property or other asset or liability that was either involved in or the subject of a KCRHA action?

No Yes **If yes**, please answer the following additional questions:

4a. Street address, parcel number, or legal description of real property involved in or subject of a KCRHA action.

4b. Name of individual who possessed the financial interest and their relationship to you.

Certification (to be signed by a duly authorized representative of agency): By submitting this form, I certify that the information provided, to the best of my knowledge, is true and accurate and fully discloses information to my obligations as a subrecipient of King County Regional Homelessness Authority fund awards.

Signature: _____
Name:
Title:

Date: _____

Additional Disclosures Forms

Name of employee, officer, board member, or agent.

A. Non-profit or Board Positions: Nonprofit or for-profit boards or businesses for which employee, officer or director, or a majority shareholder or board member, or agent (or their immediate family member(s)), including unpaid board positions, hold in any organization or with a person contracting with the KCRHA or providing services with the KCRHA?

2. During the reporting period did employee, officer or director, or a majority shareholder or board member, or agent (or their immediate family member(s)) hold a position in any organization or with a person contracting with the KCRHA or providing services with the KCRHA?

No Yes **If yes,** please answer the following additional questions:

2. Member of Governing Board? Yes No

If yes, position held:

2. Member of Advisory Committee Board? Yes No

If yes, position held:

B. Employment or Volunteer Affiliations: Disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest.

3. List place(s) of employment or volunteer affiliations.

4. Name of each organization or person with which a position was held.

3. Name of individual who held the position and their relationship to you.

4. Describe the situation and provide any additional information regarding the position(s).

C. Financial or Other Beneficial Interest: Specify any other beneficial interest(s), whether direct or indirect, that would reasonably appear to be affected by fund-related activities.

2. Compensation, Gifts, and Things of Value. During the reporting period, did your agency, on an employee, officer, board member or agent of our agency or a member of their immediate family receive compensation or pay, gifts, or anything of value from any organization or person contracting with the KCRHA or providing services for or in collaboration with the KCRHA?

No Yes **If yes,** please answer the following additional questions:

1a. Name of each organization or person from which compensation, gifts, or thing of value was received.

1b. Name of individual who received the compensation, gift, or thing of value and their relationship to your agency.

1c. Describe the situation and provide any additional information regarding the compensation, gift, or thing of value.

3. Financial Interests

During the reporting period, did your agency, on an employee, officer, board member or agent of our agency or a member of their immediate family possess a financial interest in any organization or person contracting with the KCRHA or providing services with the KCRHA?

No Yes

If yes, please answer the following additional questions:

2a. Name of each organization or person with which a financial interest was possessed.

2b. Name of each individual who possesses a financial interest and their relationship to you.

2c. Describe the situation and provide any additional information regarding any financial interests.

4. Real Property, Assets and Liabilities

During the reporting period, did you, or a member of your immediate family possess a financial interest in any real property or other asset or liability that was either involved in or the subject of a KCRHA action?

No Yes

If yes, please answer the following additional questions:

4a. Street address, parcel number, or legal description of real property involved in or subject of a KCRHA action.

4b. Name of individual who possessed financial interest and their relationship to you.