

**DELAWARE CONTINUUM OF CARE
CONFLICT OF INTEREST DISCLOSURE**

A CONFLICT OF INTEREST OCCURS WHEN A COC SCORING COMMITTEE OR COC BOARD MEMBER, A MEMBER OF HIS/HER IMMEDIATE FAMILY, OR HIS/HER BUSINESS ASSOCIATE, HAS AN INTEREST, FINANCIAL OR OTHERWISE, WHETHER AS EMPLOYEE, OWNER, FIDUCIARY, CONSULTANT, BOARD MEMBER, OR SUPPLIER OR RECIPIENT OF GOODS OR SERVICES, IN ANY PROGRAM OR AGENCY THAT RECEIVES CONTINUUM OF CARE FUNDS.

HUD's Conflict of Interest rule does not define "Immediate Family" but the term can be understood to mean, at a minimum, a parent, spouse, domestic partner, child, or sibling. HUD's Conflict of Interest rule prohibits a CoC Board Member of CoC Scoring Committee member from participating in discussions or influencing decisions concerning the award of a grant or other financial benefits to an organization in which he/she member has an interest.

Due to potential conflict of interest, this form must be completed by all CoC Scoring and Ranking Committee members and CoC Board members.

Do you have any real or potential conflicts of interest (i.e. are you or your significant other a member of, employee of, board member of, or have a direct or indirect personal financial interest in an organization seeking or receiving federal funds through the Continuum of Care)?

YES

NO

Please list the Agencies and/or Organizations in which you have an interest *(attach additional pages if necessary)*

Agency/Organization:

Agency/Organization:

Agency/Organization:

By signing below, I agree to the following:

- The above information is true to the best of my knowledge and ability.
- If potential conflicts of interest arise that are not disclosed here, I will immediately notify the CoC Lead Agency, Housing Alliance Delaware, and submit an updated form.
- I will remove myself from any discussion and/or voting action on matters with which I have a conflict of interest.

Signature (electronic):

Date:

Printed Name: