
Attachment 2: Conflict of Interest Certification

Instructions: please submit EITHER a "No Conflict" OR a "Potential Conflict" Certification Form.

No Conflict

The applicant organization/entity agrees to abide by the provisions of 2 CFR 200.112, 24 CFR 92.356, and any referenced CFR provisions, or that of State and Local provisions with respect to conflicts of interest, and covenants that it currently has no existing conflicts that warrant remedy under said regulations. Specifically, under the development, ownership, sponsorship, and execution of projects or programs, no organization or its officers, employees, agents, elected or appointed officials, or consultants may occupy a HOME-assisted affordable housing unit. Additionally, the applicant organization/entity and its officers, employees, agents, elected or appointed officials, or consultants has no financial interest and shall not acquire financial interest or such benefit that would conflict in any manner or degree with the performances of services required per this application or receipt of HOME-financed agreements. Further, said persons shall not have an interest in any contracts, subcontractors, or agreements as a result of this application for themselves or those with whom they have family or business ties. Finally, no person outlined herein may acquire a financial interest or any such benefit due to family or business ties to a known member, employee, agent, consultant, officer, or elected or appointed official of the participating jurisdiction Lake County, or Consortium members the City of North Chicago, and City of Waukegan, and all of the state of Illinois.

Federal Conflict of Interest Regulations shall apply to LCAHP funded projects.

Certification of Conflict of Interest:

This certification applies to the applicant organization/entity, and all its employees and members of the Board of Directors, and any and all persons subscribed as having an interest in the organization/entity.

The undersigned of _____ (name of organization/entity) certifies to the best of real knowledge that all employees and members of the governing Board of Directors is in compliance with Conflict of Interest regulations as per 2 CFR 200.112, 24 CFR 92.356, and as specifically described herein.

Legal Name of Applicant: _____

Signature: _____

Name and Title: _____

Date: _____

In the event the applicant organization/entity cannot certify compliance with 2 CFR 200.112 and/or 24 CFR 92.356 as required above, proceed to the following certification page.

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Potential Conflict

The applicant organization/entity has determined it cannot certify compliance with 2 CFR 200.112, 24 CFR 92.356, and as outlined herein the application requirements. This does not preclude the applicant from submitting an application; however a formal conflict of interest consultation process is required. Please complete the information below, and submit this page and a request to begin consultation to Community Development via e-mail at communitydevelopment@lakecountyil.gov immediately (prior to submission of an application). A Community Development staff member will contact you at the information provided below to outline the process and required action.

The undersigned of _____ (name of organization/entity) cannot certify compliance with Conflict of Interest regulations as per 2 CFR 200.112, 24 CFR Part 92.356, and has identified the following potential conflict(s) (describe conflicts in narrative form below):

In submitting this form, the applicant will seek assistance in completing a required Conflict of Interest consultation, and agrees that in submitting an application, the organization/entity will comply with all requirements and requests for information as part of the consultation process. In the event that the Consortium will be required to complete a conflict of interest waiver per the requirements of 2 CFR 200.112 and/or 2 CFR 200.112, the applicant agrees to disclose any related and required information as relevant to making a final determination regarding the conflict. Should the applicant not be willing to meet the requirements of the Conflict of Interest consultation and subsequent processes, the Consortium will not accept an application for funds.

Legal Name of Applicant: _____

Signature: _____

Name and Title: _____

Date: _____

Contact information for consultation:

Name: _____

Phone: _____

E-mail: _____