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## RESPONDENT CONFLICT OF INTEREST DISCLOSURE FORM

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You applied for a Contract or Program that may be part of one or more of the City of Harrisburg's (hereinafter the "City") tax-funded projects or grant programs. Such projects and programs are subject to federal, state, or local laws prohibiting certain Conflicts of Interest, intended to assure the fair, equitable, and lawful use of public money. In awarding Grant funds or contracts for the sale or purchase of goods or services under a public bid or request for proposal, the City must request information to identify actual or potential conflicts. Under limited exceptions, the law may allow a waiver of a conflict.

Bids and Proposals for Projects funded by taxes, including, but not limited to, any of the City's General, Special Revenue, Capital Project, or Neighborhood Service Funds require conflict disclosures and are subject to the City's procurement policies.

Programs, including, but not limited to, American Rescue Plan Act (ARPA), Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), HOME Investment Partnerships (HOME), or Housing Opportunities with Persons with AIDS (HOPWA) require conflict disclosures and are subject to separate rules and regulations prohibiting conflicts of interest.

To identify actual or potential conflicts, the City requires Contract Vendors and Program Applicants to complete this **Conflict-of-Interest Disclosure Form**.

The purpose of this form is to identify potential vendors and applicants that may have a conflict under the rules and regulations. If the City determines a conflict exists, City staff will review the matter and, when authorized by law, process waiver requests under the requirements of a project or program. The City will make final Conflict of Interest determinations and process conflict waiver requests to federal or state agencies.

The Pennsylvania Ethics Act prohibits a public official or employee, or immediate family members (parent, spouse, sibling, or children) from benefiting, directly or indirectly, from a tax-funded contract or program. This includes any business or other entity where a public official, employee, or immediate family member may be employed, or hold any partial or full interest, or otherwise manage or control.

Federal regulations prohibit any person responsible for deciding on any award of program funds from receiving program funds, directly or indirectly. This includes immediate family members and any business or other entity where a public official, employee, or immediate family member may be employed, or hold any partial or full interest, or otherwise manage or control. Under federal rules, immediate family includes a broad group of people and makes more entities subject to conflict rules, but also authorizes conflict waivers in limited circumstances. The rules vary by Program.

**Grant Applicants, bidders, and those responding to any type of request for proposal must fully complete and sign the attached Disclosure form.**

*\* Federal Conflict of Interest regulations for the CDBG/ESG Application for Funding can be found at: 24 CFR 570.611 (CDBG), 24 CFR 576.404 (ESG), and 2 CFR 200.112*

# Conflict-of-Interest Disclosure Form

## For Bidders or Respondents

Respondent(s): \_\_\_\_\_

Contact 1: \_\_\_\_\_

Contact 1: I am employed at \_\_\_\_\_ in the position of \_\_\_\_\_

Contact 2: \_\_\_\_\_

Contact 2: I am employed at \_\_\_\_\_ in the position of \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Item/Job Name: \_\_\_\_\_

I/We certify that **(check all that apply) and sign the next page:**

- \_\_\_\_\_ 1. I/we am/are NOT an employee, agent, consultant, officer, or elected or appointed official of the City of Harrisburg.
- \_\_\_\_\_ 2. I/we am/are NOT a relative of an employee, agent, consultant, officer, or elected or appointed official of the City of Harrisburg.
- \_\_\_\_\_ 3. I/we am/are NOT part of any designated public agencies, business, or sub-recipients receiving CDBG or other Program funds.
- \_\_\_\_\_ 4. I/we am/are an employee, agent, consultant, officer, or elected or appointed official of the City of Harrisburg.
- \_\_\_\_\_ 5. I/we am/are a relative of an employee, agent, consultant, officer or elected or appointed official of the City of Harrisburg. **If checked, complete affiliation portion of this form.**
- \_\_\_\_\_ 6. I/we am/are part of a designated public agency or worked any such agency within the last year, business or sub-recipient receiving CDBG or other Program funds.

**For Family/Relative Affiliation (add additional pages if necessary)**

If item (5) above is checked, complete this section.

\_\_\_\_\_ is the family member to whom I am related. (\_\_\_\_\_  
(Name) (Relationship)

This family member is employed at \_\_\_\_\_ in the position of \_\_\_\_\_.

This family member (  does) or ( does not) perform any duties relating to the above named program or purchase.

Respondent Contact #1

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify: I ( do) or ( do not) perform any duties related to the above named Purchase.

Respondent Contact #2

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify: I ( do) or ( do not) perform any duties related to the above named Purchase.

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VERIFICATION

I, \_\_\_\_\_, hereby verify that the statements made in this Conflict-of Interest Disclosure form are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

Date: \_\_\_\_\_

By: \_\_\_\_\_

*Printed:* \_\_\_\_\_

*Title:* \_\_\_\_\_

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THIS FORM SHOULD BE RETURNED TO:

City of Harrisburg  
10 N. 2nd Street, Suite 302A  
Harrisburg, PA 17101

Email to:  
hdgreene@harrisburgpa.gov

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