

Exhibit D Conflict of Interest Disclosure

The Subrecipient represents that none of its employees, officers, compensated members, contractors or consultants are, or for the duration of this agreement will be, employees of the City of Buffalo nor are their family members or business relationships employees of the City of Buffalo nor will their employees, officers, compensated members, contractors or consultants obtain a financial interest either for themselves or those whom they have immediate family or business ties, during their tenure or for one year thereafter.

The Subrecipient must formally disclose all potential Conflicts of Interest to the City of Buffalo.

Disclosure: Are you, or are you related to (by blood, marriage, act of law, or business relationship) any person who is an employee of the City of Buffalo, the Buffalo Municipal Housing Authority (BMHA), City of Buffalo Board of Education, City of Buffalo Sewer Authority or any other entity funded by Emergency Solutions Grant (ESG)?

YES NO

If yes, a full disclosure must be forwarded on official letterhead to the City of Buffalo. The notice must include:

Name: _____

Job Title or Position: _____

Disclosure must include:

1. Name of Relation
2. Department
3. Position
4. Relationship

The **Subrecipient** acknowledges receipt of this policy and verifies that all appropriate parties have been apprised of their obligation to disclose all potential conflicts of interest.

Board President's Signature

Date