

Organization: _____

CERTIFICATION OF COMPLIANCE WITH CONFLICT OF INTEREST

(To be completed by all new paid or voting Board Members, Executive Director, and/or Consultants)

I, _____ (print name), hereby certify that I have read the New York State Division of Housing and Community Renewal (DHCR) Conflict of Interest provisions; that I am not in violation of these rules and regulations with respect to the activities of _____, (the organization), except for the possible exceptions noted below; and that I will not knowingly engage in conduct prohibited by these or any other rules and regulations governing the Neighborhood and Rural Preservation or Member Item Programs. I understand that my certification of compliance with the Conflict of Interest regulations is a material consideration in DHCR's review process. I further understand that my failure to remain in compliance with the Conflict of Interest regulations may disqualify the organization for funding or may result in withdrawal of any award.

DISCLOSURE OF POSSIBLE CONFLICTS OF INTEREST

INSTRUCTIONS: Briefly state any facts or circumstances concerning your activities or relationship with the organization which may be in violation of the Conflict of Interest rules and regulations. If disclosed, DHCR deems most conflicts to be curable, and will advise the organization of appropriate remedial measures to avoid disqualification. If no conflicts exist, please write None in the space below.

Print Name

Signature

Title

NOTARY:
Sworn to be before me on this
___ day of _____, 2007
