

**City of New Orleans
Soft Second Mortgage Program**

Conflict of Interest Evaluation Record



Program: City of New Orleans Soft Second Mortgage Program

Applicant:

Address:

**Office of Community Development (OCD)
Affordable Housing Bureau
1340 Poydras Street, 11th Floor
New Orleans, LA 70112**

The City of New Orleans Soft Second Mortgage Program (SSMP) is funded by a Disaster CDBG allocation and is subject to the rules and regulations governing CDBG. HUD 24 CFR Section 570.489 states that no person who is an employee, agent, consultant, officer, or elected or appointed official who:

- Exercises any functions or responsibilities with respect to CDBG activities,
- Is in a position to participate in the decision making process, or
- Gains inside information with regard to such activity may obtain a financial interest or benefit from a CDBG activity or have a financial interest in any contract with respect to a CDBG activity or its proceeds.

All City employees interested in applying for a Soft Second Mortgage must complete and submit this disclosure form *prior* to applying for a Soft Second Mortgage. No City employee who works on the SSMP may participate in this program.

Immediate family members of persons who work on the SSMP must complete this disclosure form and will not be permitted to participate **unless** the following conditions are met:

An opinion of the city attorney of whether the identified conflict could be in violation of local or state law if an exception were allowed for the identified conflict, **and** a disclosure of the nature of the conflict, accompanied by an assurance that there has been a public disclosure of the conflict and a description of how the public disclosure was made.

Next, a record of the specific identified conflict with the opinion of the City Attorney and the documentation of how the public disclosure of the conflict was made must be submitted to the State for review. The State will utilize factors identified in 24 CFR 570.489(h)(5) to determine whether an exception would be provided for the individual conflict including the following factors:

- whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project which would otherwise not be available;
- whether an opportunity was provided for open competitive bidding or negotiation;
- whether the person affected is a member of a group or class of low or moderate income persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;
- whether the affected person has withdrawn from his or her functions or responsibilities, or the decision-making process with respect to the specific assisted activity in question;
- whether the interest or benefit was present before the affected person was in a position as described above;

- whether undue hardship will result either to the State or to the unit of general local government or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and
- Any other relevant considerations.

For purposes of this program, an immediate family member includes the spouse, domestic partner, child, parent or sibling of a City employee.

CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE

(to be completed by applicant)

Date of Application: _____

1. Applicant's Name

Co-Applicant's Name (if necessary)

2. Applicant Address

3. Are you currently or within the past year from the date of this questionnaire been an employee of the City of New Orleans, its subrecipients, HUD, State recipient or subrecipient or any consultant or agency participating in a CDBG-assisted activity or receiving CDBG funds?

Yes _____ No _____

If "Yes", please disclose the following:

Department/Agency/Consultant

Position Held

Position Responsibilities

4. Are you a relative of a person who is or has been within the last two years from the date of this questionnaire an employee of the City of New Orleans, its subrecipients, HUD, or any consultant or agency participating in the Soft Second Mortgage Program?

Yes _____ No _____

If "Yes", please disclose the following:

Employee Name

Employer's Department/Agency/ Consultant

Position Held

Position Responsibilities

Employee's Relation to Applicant

The employee is my _____

Does employee reside at applicant's property?

Yes _____ No _____

If "Yes", provide property address.

**THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE
AND BELIEF.**

Applicant Signature

Date _____

Co-Applicant Signature (if required)

Date _____

Conflict of Interest Disclosure Evaluation Record
(To be completed by OCD Staff only.)

INTAKE BUREAU REVIEW

1. Does the applicant exercise a particular responsibility or policy-making function in connection with the Soft Second Mortgage Program?

Yes _____

No _____

If "Yes", please detail:

2. Is the applicant a member of a group or class of low or moderate income persons intended to be the beneficiaries of the assisted activity, and could the applicant receive generally the same interests or benefits as are being made available or provided to the group or class?

Yes _____

No _____

3. Does the applicant otherwise meet all the standards for participation in the assisted housing program?

Yes _____

No _____

4. Does the applicant's participation in the assisted housing program meet the CDBG HUD National Objective of assisting low and moderate income households?

Yes _____

No _____

In accordance with the facts represented herein and made known to me, the following determination has been made:

_____ Acceptance of this application and normal processing thereof will result in no conflict of interest.

_____ Acceptance of this application and normal processing thereof would constitute a conflict of interest for the following reason (s):

_____ Acceptance of this application and normal processing thereof under the following conditions will result in no conflict of interest:

Conditions:

Comments:

Reviewed by: _____

Date: _____

MANAGEMENT REVIEW

The above recommendation is hereby submitted for review to the Director of Housing Policy and Community Development.

Signature of:

Brian E. Lawlor
Director of Housing Policy and Community Development

Recommended _____

Not Recommended _____

Date _____

Comments:

The above recommendation is hereby submitted for approval to the Deputy Mayor of Facilities, Infrastructure and Community Development.

Signature of:

Cedric S. Grant,
Deputy Mayor of Facilities, Infrastructure and Community
Development

Approved _____

Not Approved _____

Date: _____

Comments:
