

CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State and City law prohibits employees and public officials of the City of Johnstown, PA and its sub-recipients from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for the City funds. The purpose of this questionnaire is to determine if the applicant, or any of the applicant's staff, or any of the applicant's Board of Directors would be in Conflict of Interest.

- Are there any members of the applicant's (sub-recipient's) staff or any members of the applicant's board of directors or governing body who currently is or has/have been within one year of the date of this questionnaire: (a) City employee or (b) a member of the City Council or (c) an elected official of the local, state or federal government?

Yes No

If yes, please list the name(s) below:

NAME	POSITION	AFFILIATION WITH CITY

- Will the City funds, requested by the applicant (sub-recipient) be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been within one year of the date of this questionnaire a City employee, consultant, an elected official, or a member of the City Council?

Yes No

If yes, please list the name(s) below:

NAME	POSITION	AFFILIATION WITH CITY

CONFLICT OF INTEREST QUESTIONNAIRE CONT'

3. Are there any members of the applicant's (sub-recipient's) staff or members of the applicant's (sub-recipient's) board of directors of other governing body who are business partners or family members of a City employee, consultant, an elected official or a member of the City Council? Yes No

If yes, please list the name(s) below:

NAME	POSITION	AFFILIATION WITH CITY

If you have answered "Yes" to any questions listed on this Conflict of Interest Form, the City's Community Development staff, along with the City Manager, and Legal Counsel, will need to determine whether a real or apparent Conflict of Interest exists.

Name of Agency

Signature of Authorized Signing Official/Representative

Print Name of Authorized Signing Official/Representative

Date