

**City of York (“city”)
American Rescue Plan Act (ARPA)
State Local Fiscal Recovery Funds (SLFRF)
EC 2.34: Non-Profit Recovery Grant Program and Guidelines**

CONFLICT OF INTEREST QUESTIONNAIRE:

Federal, State, and Local law prohibits employees and public officials of the city from participating on behalf of the city in any transaction in which they have a financial interest absent a Conflict-of-Interest Disclosure. This questionnaire must be completed and submitted by each applicant for ARPA SLFRF funding. The purpose of this questionnaire is to determine if the applicant would be in a potential conflict of interest if it received funds from the city.

1. Is there any member(s) of the applicant's family who currently is or has/have been, within one (1) year of the date of this application, a city employee, city consultant, or a member of the city Council? Yes No

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

2. Will the ARPA SLFRF funds, requested by the applicant, be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been, within one (1) year of the date of this application, a city employee, city consultant, or a member of the city Council? Yes No

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

3. Is there any member(s) of the applicant's family who are related to a city employee, city consultant, or a member of the city Council? Yes No

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

If you answered “YES” to any of the above, the city will review to determine whether a real or apparent conflict of interest exists.

Name of Organization: _____

Name of Applicant’s Authorized Official: _____ Date: _____

Authorized Official’s Title: _____