

# City of Killeen, Texas

## Conflict of Interest Disclosure Form

Applicable to Federally Supported Housing and Community Development Activities/Programs

This document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, finding or providing assistance. The term "Conflict of Interest" refers to situations in which financial or other personal considerations may compromise or have the appearance of compromising professional judgment in following the rules and regulation of any federally supported program.

Please mark the appropriate box for each question. For each question answered as "YES", as it relates to each question answered. If the question does not relate to you, please mark the answer as "NO."

The following questions apply to YOU as an individual.

### A. Your Individual Relationships:

☐ 1. Are you an employee/officer/agent or other person described as a "covered person" directly or indirectly employed by the City of Killeen?

☐ Yes ☒ No

☐ 2. Are you an elected or appointed officer/agent or other person qualifying as a "covered person" for the City of Killeen?

☒ Yes ☐ No

### B. Your Family Relationships:

☐ 1. Is any family member(s) that is described as a "covered person" directly or indirectly employed by the City of Killeen?

☐ Yes ☒ No

☐ 2. Is any family member(s) that is described as a "covered person" an elected or appointed officer/agent of the City of Killeen?

☐ Yes ☒ No

### C. Your Program Relationships:

☐ 1. Are you a member [current or past], or do you serve on the governing body of any private/for-profit/non-profit enterprise?

☒ Yes ☐ No

☐ 2. Do you serve in a decision making capacity as an employee/officer/agent of any private/for-profit/non-profit enterprise?

☒ Yes ☐ No

☐ 3. Is the private/for-profit/non-profit enterprise, for which you are an employee/officer/agent, currently in a contract/agreement for any City of Killeen federally supported program/activity?

☒ Yes ☐ No

☐ 4. Does the private/for-profit/non-profit enterprise, for which you are an employee/officer/agent anticipate participation (in an AFF or other prescribed document) in any City of Killeen federally supported program/activity? ☒ Yes ☐ No

**D. Your Business Relationships:**

- ☐ 1. Are you, through your private/for-profit/non-profit enterprise, involved as an investor, owner, employee, consultant, or contractor of a business entity that has a direct/indirect relationship with the City of Killeen's federally supported programs/activities to provide goods or services, sponsor development activities, and/or receive referrals from the City of Killeen?
- ☐ Yes ☒ No

Please disclose any conflict(s) below:

Greater Killeen Comm Clinic

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*I have read and understand the Conflict of Interest Disclosure Form. I have marked each applicable question. I will promptly update this disclosure form if relevant circumstances change. I understand that this Disclosure is not a confidential document.*

Printed Name

Date

4-6-23

Signature