

CHECKLIST FOR CDBG, HOPWA and ESG THIRD PARTY AGREEMENTS July 2016 - June 2017

1. PROJECT INFORMATION	YES	NO	N/A	comments
Grantee Funding Summary Report				See attached
Copies of contracts for all contractual services related to CDBG, HOPWA and ESG				Prior approval required
2. FINANCIAL & REPORTING REQUIREMENTS	YES	NO	N/A	comments
Certificate of Insurance - General Liability \$1M/\$2M				City should be listed as additional insured. Certificate holder box should state: City of New Haven, its successors & assignees ATIMA, 165 Church Street, New Haven CT. The following language must be included in the cancellation text: Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.
Certificate of Insurance - Workers Compensation				\$500,000 Minimum limit
Schedule of all Federal Funding Sources				If applicable
Schedule of all Non-Federal Funding Sources				If applicable
Financial Report for your current fiscal year.				
Executed Contract or Arrangement Letter with a CPA firm that will be performing the agency's financial audit. (Note: CDBG funds can be used to pay for audit if aggregate federal funds expended exceeds \$500,000.00 for the agency's fiscal year)				<ul style="list-style-type: none"> • Single audit required if total federal funds expended exceeds \$500,000. • Financial Statement Complied by Independent Accountant required if expended between \$100,000 to \$500,000. • Program Specific Financial Statement required if expended between \$0 to \$100,000. <p>As required by the Aldermanic Order approving the Annual Action Plan, the current audit and IRS form 990 or 990EZ must be on file with the City before entering into contract.</p>
Financial Training Certification for HOPWA Recipients				Certification must be provided to the City before a contract can be executed.
Leveraging of Funds Documentation				Documentation must be provided to the City before a contract can be executed.
3. AFFIDAVITS	YES	NO	N/A	comments
Non-Collusion / Vendor Affidavit				See attached
Disclosure & Certification Affidavit of Outstanding Obligations to the City of New Haven (Form 1421)				See attached
4. ORGANIZATIONAL DOCUMENTS	YES	NO	N/A	comments
Written statement from Board of Directors naming authorized signatories for financial transactions and programmatic matters				
Procurement Policy (if not currently on file with the City)				
5. REQUIRED DOCUMENTS ONLY FOR 2015-2016 RECIPIENTS	YES	NO	N/A	comments
Written disclosure of all program income earned, as it is received. Indicate income type, related federal program & amount.				If applicable
Inventory list of items purchased in previous years with grant dollars				If applicable
Final HUD Activity Report				See attached
Previous Year Financial Closeout Report				See attached

Note: No contract will be executed until all items are submitted and/or addressed. Subject to approval by the project manager.

**HOUSING AND URBAN DEVELOPMENT
GRANTEE FUNDING SUMMARY REPORT
ESG and HOPWA**

The completion and submission of this document is a requirement of your HUD contract award. Funding will not be disbursed until this document has been submitted and approved. Additionally, the information provided in this report will be used to evaluate grantee performance and future funding allocations.

A. Funding Year		
B. Name of Organization		
C. Address		
D. Grant Amount Approved FY 2016-2017		
E. Name of the Funding Source		
F. Key Contact Person for Program Information		
a. Title		
b. E-mail		
c. Telephone		
G. Key Contact Person for Financial Information		
a. Title		
b. E-mail		
c. Telephone		
H. Total Estimated Program Cost (All Sources)		
I. Did the program receive HUD funding in FY 2015-2016 and/or have unexpended funds been rolled over from previous FYs into FY 2016-2017	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please indicate:		
Amount awarded FY 2015-2016		
Amount of carryover		
Amount remaining as of 6/30/2016		

Please provide a brief explanation for the remaining balance. Also indicate the year(s) and amount(s) in the description.

**HOUSING AND URBAN DEVELOPMENT
GRANTEE FUNDING SUMMARY REPORT
ESG and HOPWA**

- J. Please provide specific obtainable goals to achieve the approved program activity. In addition, provide quarterly obtainable benchmarks which can be measured to determine performance. For example:
- Human service grants should be measureable goals based on the amount of people served, number of activities, trainings, etc.
 - Development related grants should be based on number of units produced, number of sidewalks completed, trees planted, community gardens created/maintained, etc.

(Goals must be based on what the Grantee can accomplish within the Program Year)

- K. Please list your partners and/or funders. The information provided should include complementary services such as activities, programs and development initiatives which will accomplish the desired outcome. *(include type and amount of their investment or contribution in your program and indicate whether it's proposed or committed)*

	Partners/Funder Name	Related Services Provided	Contribution/Investment Amount	Proposed/Committed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Note: Please provide the City contact person with written verification of all commitments from partners and/or funders

**HOUSING AND URBAN DEVELOPMENT
GRANTEE FUNDING SUMMARY REPORT
ESG and HOPWA**

M. Budget Detail.

Please complete the following budget table. Amounts presented in budget must be consistent with the amount of HUD funding awarded for the current fiscal year.

OBJECT CODES		Total Project Budget	HUD Project Budget
50110	Salaries		
50150	Unemployment Compensation		
51809	Medical Benefits		
58852	Social Security (F.I.C.A.)		
59933	Worker's Compensation		
53310	Mileage		
55574	Materials, Supplies, Admin		
56615	Printing and Reproduction*		
56638	Insurance		
56650	Postage		
56694	Audit Services**		
56694	Inspections		
HOPWA Direct Financial Assistance			
	Rental Assistance –TBRA		
	Permanent Housing Placement		
	STRMU		
	Other:		
	Other:		
	Other:		
ESG Prevention – Direct Financial Assistance			
	Rental Arrearage		
	Utility Payments		
	Security Deposits/First Month's Rent		
	Utility Deposits		
	Other:		
	Other:		
	Other:		
ESG Re-Housing – Direct Financial Assistance			
	Rental Arrearage		
	Utility Payments		
	Security Deposits/First Month's Rent		
	Utility Deposits		
	Other:		
	Other:		
	Other:		
TOTAL PROJECT BUDGET			

**Indicate why the purchase is necessary to the project that is being funded.*

***Applicable only if the project has expended \$500,000.00 or more of federal funding during the audited year.*

****Other Contractual Services for any outside contractual services, provide a description of the need for those services and an explanation as to why they cannot be performed by the organization. A description of services that will be subject to a contract is required.*

**HOUSING AND URBAN DEVELOPMENT
GRANTEE FUNDING SUMMARY REPORT
ESG and HOPWA**

Please use the following space to describe any of the budgeted items presented in the table:

N. Personnel Service Detail

The table should include staffing information for all persons who will participate in the activities funded under the HUD Grant.

Name	Title/ Position	Total Annual Salary	Amount of Salary this Grant	Monthly Grant Amount	# of Grant Hours per Month	Percent from Grant
Sub-total:						

Fringe Benefits	
51809 - Medical Benefits - Anticipated Costs	
Employer Taxes	
50150 Unemployment Compensation - Anticipated Costs	
59933 Workers Compensation - Anticipated Costs	
Estimated Total of Employer Benefit & Tax Costs	

**HOUSING AND URBAN DEVELOPMENT
GRANTEE FUNDING SUMMARY REPORT
ESG and HOPWA**

N. Personnel Service Detail – Leveraged Sources (continued)

Please provide specific leveraging information related to all personnel costs contributing to the HOPWA and/or ESG Program(s), detailed for all positions listed in the Personnel Service Detail. Only include leveraged sources that are committed as of July 1, 2016. Do not include funding sources that are pending, tentative, or to be requested after July 1, 2016. Please attach letters of commitment as supportive documentation. If more than one leveraged source will contribute to the salary, all funding sources and contribution shares must be listed. Please provide the annual amount contributing to the salary.

Position					
Total Salary					
HOPWA/ESG Salary					
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	

Position					
Total Salary					
ESG/HOPWA Salary					
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	

Position					
Total Salary					
ESG/HOPWA Salary					
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
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Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	

**HOUSING AND URBAN DEVELOPMENT
GRANTEE FUNDING SUMMARY REPORT
ESG and HOPWA**

Position					
Total Salary					
ESG/HOPWA Salary					
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	

Position					
Total Salary					
ESG/HOPWA Salary					
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
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Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	

Position					
Total Salary					
ESG/HOPWA Salary					
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
Leverage Source		Amount		Hours/ Month	
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Leverage Source		Amount		Hours/ Month	

**HOUSING AND URBAN DEVELOPMENT
GRANTEE FUNDING SUMMARY REPORT
ESG and HOPWA**

O. Certification

By signing this document, the undersigned certifies that all of the information provided is true and accurate as of the time of this document preparation, and it is their intent to use the HUD funds awarded for the activities stated in this report as defined under the regulations established by the specific HUD funding source.

I provided in this document for the true and accurate.

(name) hereby acknowledge that the information (list name of program / project / activity) are

Name:	
Title:	
Signature:	
Date:	

(FOR NEW HAVEN PERSONNEL ONLY)

Accepted By:	
Name:	
Title:	
Date:	



**CITY OF NEW HAVEN
BUREAU OF PURCHASES**



Toni N. Harp.
Mayor

Michael V. Fumiatti
Purchasing Agent

**200 ORANGE STREET
ROOM 401
NEW HAVEN, CONNECTICUT 06510
Tel. (203) 946-8201 - Fax. (203) 946-8206**

**NON-COLLUSION AFFIDAVIT
(INCLUDING DISCLOSURE OF OBLIGATIONS TO/INTEREST IN BUSINESS WITH
THE CITY OF NEW HAVEN)**

1. Personally appeared, _____ who being duly sworn, deposes and says that:
 1. I am over the age of eighteen and I understand the obligation of an oath.
 2. I am the _____ of _____ that submitted an application, bid, proposal, request to the City of New Haven for a contract, agreement, grant, loan and am acting in my individual capacity or, if an entity, on behalf of said entity, as the case may be.
 3. I am fully apprised of the contents of said application/bid/proposal/request and all pertinent facts and circumstances relative to the same.
 4. Such application, bid, proposal, request is genuine and is not collusive or a sham.
 5. Neither said individual (including any of his/her immediate family as defined in Section 12-5/8 of the local ordinance)/entity nor any of his/her/its officers, partners, owners, agents, representatives, employees, affiliates or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other individual/entity to submit a collusive or sham application/bid/proposal/request in connection with the contract/agreement/grant/loan for which the application/bid/proposal/request has been submitted or to refrain from applying/bidding/proposing/requesting in connection with such contract/agreement/grant/loan, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other individual/entity to fix the prices/quotes/estimates/costs/overhead/figures/profits/amount of the application/bid/proposal/request or of any other individual/entity, or to fix the same of the application/bid/proposal/request or prices/quotes/estimates/costs/overhead/figures/profits/amount of any other individual/entity, or to secure through any collusion, conspiracy/connivance or unlawful agreement any advantage against the City of New Haven or any individual/entity interested in the proposed application/bid/proposal/request.
 6. The prices/quotes/estimates/costs/overhead/figures/profits/amount in the contract/agreement/grant/loan are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the individual/entity or any of its officers, partners, owners, agents, representatives, employees, affiliates or parties in interest, including this affiant; and
 7. No alderman or other elected/appointed or city/state/federal employee or person/entity whose salary/compensation is payable in whole or in part from city, state or federal funds is directly or indirectly interested in/will benefit financially by/has any is in a position to participate in a decision making process or gain inside information about the application/bid/proposal/request or in the supplies, materials, equipment, work or labor to which

SCHEDULE "A"

*Please list your responses to Items 10-14 below. If your response is none, please print or type "N/A". **Applicant's signature must appear on this schedule.***

10.

11.

12.

13.

14.

Affiant Signature

THE CITY OF NEW HAVEN

BUREAU OF PURCHASES
200 Orange Street

New Haven, Connecticut 06510
(203) 946-8201 - FAX (203) 946-8206



DISCLOSURE & CERTIFICATION AFFIDAVIT

CONTRACTOR/VENDOR NAME	
CONTRACTOR/VENDOR ADDRESS	
TELEPHONE /FAX	
CONTACT/E-MAIL ADDRESS	
AGREEMENT FOR:	
SOLICITATION TITLE & NUMBER, IF APPLICABLE	

For the purposes of this Disclosure and Certification Affidavit, the following definitions apply:

- (a) "Person" means one (1) or more individuals, partnerships, corporations, associations, or joint ventures.
- (b) "Contract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, materials or any combination of the foregoing, or any lease, lease by way of concession, concession agreement, permit, or per agreement whereby the city leases, grants or demises property belonging to the city, or otherwise grants a right of privilege to occupy or to use said property of the city.
- (c) "City" means any official agency, board, authority, department office, or other subdivision of the City of New Haven.
- (d) "Affiliate Entity" means any entity listed in sections 9 or 10 below or any entity under common management with the Contractor.

State of	County of	Ss.
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I, _____ being first duly sworn, hereby deposes and says that:
(type or print your name above)

1.	I am over the age of 18 and understand the obligations of making statements under oath; I understand that the City of New Haven is relying on my representations herein.
2.	I am the corporate secretary or majority owner (including sole proprietorship) of _____ OR I am an individual and my name is _____ (Insert Company Name above OR, if an individual, type your name above)
3.	I am fully informed regarding the preparation and terms of the above referenced agreement (the "Agreement") and of all pertinent circumstances related thereto.
4.	(Please select the applicable representation(s) regarding taxes or, if none of the below are accurate, attach an explanation of the status of the relevant tax obligations to this Affidavit): _____ As required by Conn. Gen. Stat. §12-42, the Contractor (and each owner, partner, officer, authorized signatory or Affiliate Entity of the Contractor) has filed a list of taxable personal property with the City of New Haven for the most recent grand list and all taxes are current. _____ The Contractor (including any owner, partner, officer or authorized signatory thereof) is not required to file a list of taxable personal property with the City of New Haven for the most recent grand list and does not owe any back taxes to the City of New Haven, either directly or through a lease or other agreement. _____ The Contractor or an owner, partner, officer, representative, agent or Affiliate Entity of the Contractor either i) has a PILOT agreement with the City of New Haven or ii) owes back taxes and has executed an agreement with the City of New Haven to pay said back taxes in installment payments. Such agreement is attached and incorporated herein by reference and the payments under said agreement are not in default.
5.	Other than as may be described in section 4 above, the Contractor (including any owner, partner, officer, other authorized signatory or Affiliate Entity) does not have any outstanding monetary obligations to the City of New Haven.
6.	Please select the applicable representation about the Contractor's business registration: _____ Contractor is a Connecticut corporation, partnership, limited liability company or sole proprietorship and its Connecticut Secretary of the State Registration number is _____. _____ Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship but is registered to do business in the State of Connecticut. The Contractor's Connecticut Secretary of the State Registration number is _____.

_____ Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship and is not registered to do business in the State of Connecticut. The Contractor is registered in the State of _____ and the State business registration number is _____. Contractor has confirmed with the Connecticut Secretary of the State that the services it will provide pursuant to the Agreement do not constitute doing business in the State of Connecticut and no registration with the Connecticut Secretary of the State is required. Contractor does otherwise have the following State of Connecticut registrations, certificates or approvals relevant to the Agreement (if not applicable, state not applicable): _____

7. The following list is a list of the names of **all** persons affiliated with the business of the Contractor who are also affiliated with the City of New Haven. For purposes of this Affidavit, "affiliated with the business of the Contractor" includes any current or former employee (including officers) of the Contractor or any owner, board member or agent of the Contractor, or of any subsidiary or parent company of the Contractor, and "affiliated with the City of New Haven" means any employee, agent, public official, board member, commissioner or any other person serving in an official capacity for or on behalf of the City of New Haven. If none state none. Use additional sheet if necessary (**must be on company letterhead and notarized**):

	Name	City Affiliation Role & Time Frame	Contractor Affiliation Role & Time Frame	DOB
1				
2				

8. The following list is a list of all contracts in which either the Contractor, any person affiliated with the business of the Contractor or an Affiliate Entity of the Contractor provides, or has provided, services or materials to the City within one (1) year prior to the date of this disclosure. If none, state none. Use additional sheet if necessary (**must be on company letterhead and notarized**):

	Name of Contractor or Affiliate	Affiliation (if applicable)	Contract Number	DOB
1				
2				

9. The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional sheet if necessary (**must be on company letterhead and notarized**):

	Organization Name	Address	Type of Ownership
1			
2			

10. The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation, list the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use additional sheet if necessary (**must be on company letterhead and notarized**):

	Name	Title	% of Ownership	DOB
1				
2				

11. If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none. Use additional sheet if necessary (**must be on company letterhead and notarized**):

	TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
1			
2			

I hereby certify that I am duly authorized to sign this Affidavit and that the person who will sign the Agreement with the City on behalf of the Contractor will be duly authorized to execute the same. I hereby further certify that the statements set forth above are true and complete on the date hereof and that I, or another authorized individual of the Contractor, will **promptly** inform the City, in writing, if any of the information provided herein changes or is otherwise no longer accurate at any point during the execution of the above referenced Agreement. I understand that any incorrect information, omission of information or failure of the Contractor to update this information, as described in the foregoing sentence, may result in the immediate termination of any and all agreements the Contractor has with the City of New Haven and disqualification of the Contractor to further contract with the City.

(Signed) _____
Title:

Subscribed and sworn to before me this _____ day of _____, _____.

(Title)

My commission expires _____, _____.

THIS FORM MUST BE NOTARIZED

(This form shall be updated if the Agreement contemplated hereby is not executed within six months of the date hereof.)

STATEMENT OF POLICY
REGARDING CONFLICTS OF INTEREST AND BUSINESS TRANSACTIONS
BETWEEN _____ AND ITS RESPECTIVE DIRECTORS

An appointment as a member of the Board of Directors is a special position of trust and responsibility for the governance of _____. As a fiduciary for the benefit of the community, fundamental responsibilities included loyalty and fidelity to the interests of _____.

Due to varied interests and backgrounds of directors, situations involving dual interest may be interpreted as conflicts of interest. A responsibility of a director is to administer _____ affairs honestly and economically; exercising his/her best care, skill and judgement for the benefit of _____. _____ representatives must make decisions regarding the purchase of products and services solely on the basis of the best combination of cost, quality and availability. Likewise, the rendering of services by _____ must be fair and equitable to all purchasers. The following guidelines are established to assure that any dual interests of a director do not impeded his/her ability to serve in the interests of _____ under the above state principles.

1. Each director shall disclose his/her or his/her immediate family's (spouse, parents, children) direct or substantial interest in any business entity, either as a seller or purchaser of goods or services with _____. Additionally, all directors shall disclose any other equipment, directorship or officership held by them or members of their immediate family in any business entity which does business either as a seller or purchaser of goods or services with _____. Such disclosures shall be in writing and addressed to the Executive Director when the director becomes aware of a possible conflict or during the annual conflict of interest process.

A substantial interest is defined as the holding of more than ten percent of the outstanding debt or equity of the business entity. A business entity is defined as a firm, organization, company, sole proprietorship or corporation which does business with _____.

2. Any contract, transaction or situation involving the interest of any director requiring disclosure shall be reviewed for its impact on _____ by the Chairman of the Board of Directors. The disinterested members of the Board of Directors shall review all contracts or transactions which they customarily review, and the Executive Director of _____ shall be responsible for the review of all other contracts and transactions. Said officer may delegate review of routine purchasing and sales matters to other responsible parties.

Failure by a director to disclose all relevant facts and circumstances shall give _____ the right, at its options, to void any transaction where disclosure was required. Additionally, _____ reserves its rights under the

Not-For-Profit Corporation law as well as any other action _____ may deem appropriate in connection with the transactions.

3. Any contract, transaction or situation meeting the following standards will be deemed fair to _____, even if a trustee has an interest as described in section one (1).
 - a) In the normal course of business activity, the transaction reflects standard prices and terms no less favorable to _____ than those offered to any other willing purchaser.

For example, a company provides services or products to _____. A director of _____ also serves on the board of the company. Any contracts awarded to the company will be considered fair to _____ so long as the cost is comparable to the price normally charged by the company for similar services or products.

As additional examples, any transaction with a brokerage firm which shares a director in common with _____ shall be fair if it offers investment counseling services at the same price and degree of skill and caution as offered to other individuals and organizations. Any transaction with a bank that shares a common director with _____ will be considered fair if the terms and interest rates of any account relationship and lending activities are equivalent in quality and price as offered to other similar institutions.

- b) Competitive sealed bids from responsible parties are secured for all products and services where bids are normally sought. The lowest bidder is ultimately selected if the goods or services meet the bid specifications for the products or services. If the low bid is not selected from an organization where a director has a direct/significant interest or serves as a director or officer, the Executive Director of _____ will be notified in writing of the reasons for the selection of other than the low bid. The fairness of the transaction will be thoroughly assessed.
 - c) If products or services to be purchased are in any areas where competitive bids are not attainable, cost differences don't exist and quality differences are a matter of individual judgement (i.e. professional services), the cost must be reasonable in terms of the prevailing fee charged by persons or firms of similar quality and expertise for similar services.
 - d) If directors receive the benefit of _____ services or products (e.g. as a patient of the facility), the services or products are provided on the same terms, conditions and charges that prevail for all persons. These services and products shall include for illustration but not limited to diagnostic, therapeutic and surgical services, and all sales of products including food, medicines and rental or equipment.

4. No director or board member shall directly or indirectly disclose or use information relating to _____ business for the personal profit or advantage of a business affiliate(s), individual or his/her immediate family.
5. Any director having a duality of interest or possible conflict of interest on any matter should not vote or use his/her personal influence on the matter, and he/she should not be counted in determining the quorum for the meeting, even where permitted by law. The minutes of the meeting should reflect that the disclosure was made, the abstention from voting, and the quorum situation. The foregoing requirement should not be construed as preventing the director from briefly stating his/her position in the matter, nor from answering any pertinent questions of other board members since his/her knowledge may be of great assistance.
6. Annually, the Chairman of the Board of Directors of _____ shall send to all directors a copy of this policy with a questionnaire to be completed and returned for the purpose of disclosure of any such conflict of interest. An appropriate report shall be submitted to _____'s Board of Directors concerning any interest so disclosed.

This policy should be reviewed annually for the information and guidance of the respective governing board members. Any new member should be advised of the policy upon entering the duties of his/her office.

BOARD MEMBERS

(Insert Name of Organization)

DUALITY AND CONFLICT OF INTEREST STATEMENT

I have read the _____ Policy on Duality and Conflict of Interest, and with consideration for the spirit and the provisions of the policy, I state that:

- () a. I agree to comply with the spirit and provisions of the Policy.
- () b. Neither I nor any member of my immediate family currently has a duality or conflict of interest as described in the State of Policy, except as disclosed below.
- () c. I agree to advise the Chairman of the Board of Directors of _____, Inc. should I become aware of any possible duality and conflict of interest.
- () Indicates the above statements are correct.

If not correct, indicate the exceptions below. Please refer to the specific section, for which there is an exception, in your comments.

EXCEPTIONS:

Signature: _____ Date: _____

Your Name (Please Print) _____

Financial Close-Out Report (FY 2015-2016 Programs)

In order that the fiscal portion may be closed-out in a timely fashion, please follow the schedule and steps below:

1. The last drawdown will not be processed unless the following is submitted prior to or with the final request.
 - a. An up-to-date inventory listing of all equipment purchased with HUD funds. This list should include the price, date and place of purchase, and, if applicable, the serial number.

If you will not receive HUD funding next year but wish to continue to use the equipment, you must submit a written request to your program liaison. Otherwise all equipment must be returned to the City. Sub-recipients must contact the program liaison to make arrangements for the City to retrieve the equipment.
 - b. The names, addresses and telephone numbers of at least two (2) people with knowledge of the program's operations and financial records and where the records will be physically located. The contract states that all records must be kept for at least three years.
2. No budget revision will be accepted after **July 1, 2016**. Budget revisions, if any, must be submitted prior to the final expense report.
3. If the final drawdown request was based on estimation of expenses, an actual expense report must be submitted to the program manager and Carleen Laffitte, Chief Accountant, Hall of Records, 200 Orange St. Accounting Division of Finance no later than **July 22, 2016**. Indicate on the report that this is the final expense report.
4. Grant funds that have been drawn down and remain in the bank account and any program income derived from the grant must be returned to the City no later than July 31, 2016 to Carleen Laffitte, Chief Accountant, Accounting Division of Finance, unless prior written approval has been provided by the program liaison.
5. The cumulative programmatic report (see attached form) must be submitted with the final drawdown no later than **July 22, 2016**. If an organization does not comply, funding will not be released and will be subject to reprogramming.
6. The final audit is due no later than 180 days after the close of the organization's fiscal year. Submit an original audit and management letter to Carleen Laffitte, Chief Accountant, Accounting Division of Finance 200 Orange Street, New Haven, CT 06510 and a copy to your agencies program manager.

Please note that non-compliance of close-out requirements, both financial and programmatic, will result in the withholding of funds.