



## GRANTEE CONFLICT OF INTEREST DISCLOSURE

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**Compliance Requirement.** Grantees must immediately disclose in writing to the Program Administrator any actual or potential conflict of interest as soon as it becomes known, in accordance with 30 ILCS 708/35, 30 ILCS 708/60(a)(5), 44 Ill. Admin. Code 7000.330(f) and the grant agreement. This disclosure must be submitted for the Grantee and all sub-recipients or pass-through entities, whenever an actual or potential conflict may exist.

**Continuing Obligation.** The Grantee has a continuing obligation to disclose financial or other interests (public, private, direct or indirect) that may be a potential conflict of interest, or which could prohibit Grantee from entering or continuing the programs for which the grant is intended.

**Grantee Form Submission:** This form must be completed, signed, and returned for any State or federal grant funds awarded to the Grantee by the Agency. For conflicts that exist at the time of grant application submission, submit this form with your grant application materials. If no actual or potential conflicts exists, the grantee should indicate "no conflicts." For conflicts that arise after application submission, submit this form to your designated grant program point of contact within 7 calendar days after the conflict has been identified

**Examples of situations which may be a potential conflict of interest may include, without limitation:**

- (1) Financial interest, including ownership of stocks and bonds, in a firm which submits, or is expected to submit, an application in response to the funding opportunity;
- (2) Outstanding financial commitments to any applicant or potential applicant;
- (3) Employment in any capacity, even if otherwise permissible, by any applicant or potential applicant;
- (4) Employment within the last 12 months by any applicant or potential applicant;
- (5) Any non-vested pension or reemployment rights, or interest in profit sharing or stock bonus plan, arising out of the previous employment by an applicant or potential applicant;
- (6) Employment of any member of the immediate family by any applicant or potential applicant;
- (7) Positions of trust that may include employment, past or present, as an officer, director, trustee, general partner, agent, attorney, consultant, or contractor;
- (8) A close personal relationship that may include a spouse, dependent child or member of the proposal evaluator's household that may compromise or impair the fairness and impartiality of the proposal evaluator or advisor and grants officer during the proposal evaluation and award selection process, and the management of an award; and
- (9) Negotiation of outside employment with any applicant or potential applicant.

**Remedies for Non-Compliance.** The Agency may pursue remedies for non-compliance in accordance with 2 CFR 200.339 and 44 Ill. Admin. Code 700.330(f)(1)(c) if the Grantee fails to provide the mandatory conflict of interest disclosures as required.

**Determination Notification to Grantee.** This form, with the Agency's determination of a conflict of interest, will be sent to the Grantee within 90 days of receipt of this form by the appropriate Agency contact.



### GRANTEE CONFLICT OF INTEREST DISCLOSURE

**This section to be completed by the Grantee CEO or authorized designee:**

Grantee Agency Name: \_\_\_\_\_

Grant Program: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

**Please list any actual or potential conflicts of interest (If no conflicts exist report "no conflicts")**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Grantee Representative Printed Name and Signature

\_\_\_\_\_  
Date

#### THIS SECTION FOR AGENCY USE ONLY

**This section is to be completed by the Program Administrator for the grant program.**

Recommendation:  No Conflict  Potential Conflict (explain selection below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Program Administrator Printed Name and Signature

\_\_\_\_\_  
Date

**This section is to be completed by the Chief Accountability Officer, if a conflict of interest exist.**

Recommendation:  No Conflict  Potential Conflict (explain selection below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chief Accountability Officer Printed Name and Signature

\_\_\_\_\_  
Date

**This section is to be completed by the Ethics Officer, if a conflict of interest exist**

The Associate Director or Director may obtain the assistance of the Chief Accountability Officer or Ethics Officer to reach an opinion or resolution.

Recommendation:  No Conflict  Potential Conflict (explain selection below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How will this conflict be eliminated or mitigated? (Specific Conditions must be included in the Grant Agreement):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Ethics Officer Printed Name and Signature

\_\_\_\_\_  
Date