Agency Name:	

Exhibit 7: Conflict of Interest Disclosure

Please report any relevant connections to City employees or officials; elected or appointed.

Federal law (HUD CDBG 24 CFR 570.611) prohibits employees and public officials from exercising any functions or responsibilities with respect to CDBG activities in which they may obtain a financial interest or benefit. The City of New London Code of Ordinances Article VII: Code of Ethics requires any city employee or official to disclose any direct or indirect financial or personal interest in the outcome of any matter or transaction coming before the agency of which he is a member or is employed.

The purpose of this questionnaire is to determine if the applicant, staff, or any of the applicant's Board of Directors, including immediate family members, would be in a potential conflict of interest (COI). A disclosure of the nature of any perceived or actual conflict must be made by each applicant for CDBG assistance. Final determination of any COI shall be by HUD's Office of Community Planning and Development (exceptions may be granted).

who is or has/have been who	, <u> </u>	s questionnaire (a) a City
7 /1 1222		
Name of Person with Potential Conflict of Interest	Job Title of Person with Potential Conflict of Interest	Indicate Whether this Individual is/was a City Employee, Consultant, City Councilperson, or CAC Member
individual(s) or business affilia		s/have been, within one year of
Name of Person with Potential Conflict of Interest	Job Title of Person with Potential Conflict of Interest	Indicate Whether this Individual is/was a City Employee, Consultant, City Councilperson, or CAC Member

body who is/are bu	er(s) of the applicant's staff, Esiness partners or family men or Citizens Advisory Committ	nbers of a City empl	
If yes, please compl	ete the form below.		
Name and Title of Person with Potential Conflict of Interest	Indicate the Name of the City Employee, Consultant, City Councilperson, or CAC Member to Whom this Individual is Connected	Indicate Type of Connection (Family or Business)	If Family, Indicate Relationship
	ow to briefly describe any dire reported above: (attach more p		l or personal
have read the HUD regu	natory authority for(name	terest, 24 CFR 570.61	
	access.gpo.gov/cfr_2004/aprqtr		
complete.	ed herein is, to the best of my kno	owledge and belief, true	e, correct and
Signature of Authori	zed Representative	Date	
Printed Name and T	itle of Authorized Representative	ve	