

**ATTACHMENT F-1**  
**CONFLICT OF INTEREST ACKNOWLEDGMENT AND DISCLOSURE**

Arkansas Development Finance Authority has adopted the following conflict of interest policy:

1. No person who is an employee, agent or officer of ADFA, during their tenure or for one (1) year thereafter, may engage in the following:

- Self-dealings to get a development funded and completed.
- Gaining a financial interest or benefit from the participant development.
- Gaining a financial interest in a contract, subcontract or agreement.

2. No officer or employee of ADFA may occupy a participating development unit.

3. It is the policy of ADFA to prohibit the lending of ADFA allocated funds as well as the participation in the Single Family HomeToOwn program to ADFA employees or appointed officials.

4. Further, if any conflict of interest or potential conflict of interest exists as of the date of application, or a conflict of interest arises thereafter, immediate disclosure by the applicant, owner, developer, sponsor, to ADFA's President, in the application, is required. All ADFA employees, agents, officers, elected/appointed officials, must disclose any and all conflicts of interest to ADFA's President.

As the applicant, owner/developer of a participant development applying for any programs administered by ADFA, I have no knowledge of an actual or potential conflict of interest and if a conflict of interest, or potential conflict of interest, becomes known to me, I will disclose it immediately to ADFA's President.

\_\_\_\_\_  
Name:  
Title:  
Date:

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Before me, \_\_\_\_\_, a Notary Public of the state and county stated above, personally appeared \_\_\_\_\_, with whom I have personal knowledge, and who, upon oath, acknowledged that \_\_\_\_\_ executed the forgoing instrument for the purposes stated therein.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_



## ATTACHMENT F-2

### CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, grant award or other award from or with any Arkansas State Agency. You MUST complete all information requested OR you must indicate "none of the above applies."

SUBCONTRACTOR:

SUBCONTRACTOR NAME:

Yes  No

IS THIS FOR:

Goods?  Services?  Both?

TAXPAYER ID NAME:

YOUR LAST NAME::

FIRST NAME:

M.I.:

ADDRESS:

CITY:

STATE:

ZIP CODE:

COUNTRY:

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

#### For Individuals\*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

None of the above applies

#### FOR A VENDOR ( BUSINESS ) \*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						

None of the above applies

## ATTACHMENT F-2

### Contract and Grant Disclosure and Certification Form

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Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a *state agency* I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature\_\_\_\_\_

Title:

Date:

Vendor Contact Person:

Title:

Phone No.

Agency use only

Agency

Agency

Agency

Contact

Contract

Number\_\_\_\_\_

Name\_\_\_\_\_

Contact Person\_\_\_\_\_

Phone No.\_\_\_\_\_

or Grant

No.\_\_\_\_\_