



**CITY OF MCKINNEY  
OPIOID SETTLEMENT GRANT (OSG)**

**PRE-CONFLICT OF INTEREST QUESTIONNAIRE FORM**

*Questionnaire MUST BE signed and included with the grant submission.*

The questionnaire serves to pre-determine if the Applicant Organization (referred to as “the Organization”); any of the Organization’s staff; or any of the Organization’s Board of Directors would have actions or relationship that may be construed as perceived or actual Conflicts-of-Interest.

The awarded organization agrees to abide by the provisions city policies, with respect to conflict of interest and covenants that it presently has no financial interest and shall not require any financial interest, direct or indirect, which would conflict in any manner or degree with the performance of services required under the grant.

The Organization further covenants that in the performance of receiving funding, no person having such a financial interest shall be employed by the Organization hereunder. Conflict of interest provisions would apply to any person who is an employee, agent, family, consultant, officer, or elected official of the City under the awarded grant agreement, OR an employee, agent, family member, consultant, officer or elected/appointed officer of any designated public agencies or sub-recipients, which are benefiting from the use of the awarded grant funds.

Please respond to each of the three questions:

- 1. Is there any member of the applicant's staff, OR any member(s) of the applicant's Board of Directors or governing body, who is or has/have been within one year of the date of this questionnaire (a) a city employee or consultant, OR (b) a City Council member, or (c) a member of any of the cities' Boards and Commissions?**

Yes    No

If yes, list the name(s) and information requested below:

Name of person	Title of person	Indicate all: City employee, consultant, City Council member, or Board/Commission Member (MUST LIST THE CITY)

2. Will the grant funds requested by “the Organization” be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been within one year of the date of this questionnaire for any of the cities as: a city employee, consultant, City Council person or City Board/Commission member?

Yes  No

If yes, please list the name(s) and information requested below:

Name of Person	Job and Title	Indicate all: City employee, consultant, City Council member, or Board/Commission Member

3. Are there any member(s) of the “the Organization’s “staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a city employee, consultant, City Council person, Commission member?

Yes  No

If yes, please identify below the city employee, consultant, or Council member with whom there are family or business ties.

Name of Member	Indicate all: City employee, consultant, City Council member, or Board/Commission Member	Indicate Relationship Type: (Family or Business)

**Certification:**

*The Organization certifies to the best of his/her knowledge and belief that the data in this application is true and correct and they understand the local policies and federal regulations regarding Conflict of Interest within the agreement. I certify and confirm the agreement has been duly authorized by the governing body of the Organization and that the Organization will comply with all the requirements of the grant.*

Name of Applicant Organization: \_\_\_\_\_

Signature of Official Representative: \_\_\_\_\_

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