

GRANT AND TRUST FUNDS DISCLOSURE FORM PURSUANT TO CITY OF SOMERVILLE CODE OR ORDINANCES PARA. 15

(copies of the Ordinance are available upon request)

<u>Instructions</u>: All applicants for grant and/or trust funds administered by the City must complete this form as part of its application submission to the City of Somerville. Complete all sections of this form.

Section 1		
Legal Name of Applicant:		
Indicate whether the applicant had any terminated within the last three (3) year	y grant, contract, or agreement with a federal, state or local agendars.	су
	please identify the grant, contract, or agreement including parties se of termination on an additional page.)	s, term,
• • • • • • • • • • • • • • • • • • • •	any circumstances constituting a conflict of interest or potent elating to the proposed grant or trust disbursement, whether	
particular matter, including but contract, grant or subgrant, or each city of Somerville if a conflict when: 1) an employee, officer or age 2) any member of his or her in 3) a business organization in very employee; or 4) any person or organization prospective employment, has a financial or other interest		of a by the l arise cerning
Potentia relevant	flict Of Interest al or Actual Conflict of Interest (If checked, disclose in detail a facts, including names of individuals or organizations, relevant abgrant or employment agreement, and source of funding on an a	contract,

Section 3

Attach a copy of applicant's policy addressing conflicts of interest that may arise involving management, employees and the members of its board of directors or other governing body. See the City of Somerville Code of Ordinances Paragraph 15-42(c) for complete requirements. Should the policy be revised during the grant term, a copy of the revised policy must be submitted to the City within thirty (30) days of being revised.

Section 4

Identify all officers, employees, contractors, subgrantees or other persons providing any type of service in relation to the proposed grant activity, in the following format. Use additional page(s) as necessary.

Name (Individual or Entity)	Association	Service Provided	Value of Service (\$)	Amount of City Funds Supporting Service (\$)	Mark "X" if individual or entity has had any grant, contract, or agreement with a federal, state or local agency terminated within the last 3 years.*

^{*}If yes, please identify the grant, contract, or agreement including parties, term, and cause of termination on an additional page.

Section 5

This form is hereby completed on behalf of the applicant named above. Through the undersigned individual, the applicant hereby certifies that the completed form is true and accurate. The applicant acknowledges that it has read, understands, and agrees to comply with, the requirements of City of

Somerville Code of Ordinances Paragraph 15.
During the term of any grant, grantees have a continuing obligation to submit an updated Disclosure Form to the City of Somerville immediately as to any circumstances which constitute a potential or actual conflict of interest.
Signature:
Print Name of Authorized Individual:
Title:
Date: