Northern Marianas Technical Institute
12966 Lower Base Dr.
P.O. Box 504880
Saipan, MP 96950

Conflict of Interest Disclosure Form

Applicant Name: _____

Application SID: _____ Semester: _____

Purpose: To ensure compliance with applicable conflict of interest requirements, all applicants must disclose any relationships or affiliations that may present a real or perceived conflict.

Federal and Commonwealth law prohibit a Covered Person, which includes any person who is an employee, agent, consultant, officer, or elected official or appointed public agencies, or of subrecipients that are receiving funds under the applicable HUD program. This includes but is not limited to elected or appointed officials of the Commonwealth Government, NMHC's Board of Directors and its officers, employees and agents (inclusive of the CDBG-DR officers and staff) from participating in NMHC any HUD-related program in which they have a conflict of interest. For "conflict of interest", the general rule is that no covered persons who exercise or have exercised any functions or responsibilities with respect to HUD-assisted activities, or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a HUD-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. Additionally, for procurements, the rule is that a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract.

Instructions: Please review each item below and check Yes or No. If you select Yes, provide additional details in the space provided.

1. Employment Status
   Are you currently an employee of either the following agencies?

   - Northern Marianas Technical Institute (NMTECH)
   - Northern Marianas Housing Corporation (NMHC)

[ ] YES [ ] NO

If yes, please specify agency, position, and department:

_____

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2. **Family or Personal Relationships with Employees**
   Do you have an immediate family member or personal relationship with any employee of NMTECH or NMHC?

   [ ] Yes [ ] No
   If yes, please provide the name of the individual, their position, and the nature of the relationship:

   _____

   _____

3. **Public Office or Board Membership**
   Are you currently an elected or appointed official (e.g., Board Member, Mayor, Congressman, Senator, Lt. Governor, Governor), or a member of the NMTECH or NMHC Board?

   [ ] Yes [ ] No

   If yes, please provide the name of the individual, their position, and the nature of the relationship:

   _____

   _____

4. **Familial Relationship with Public Officials or Board Members**
   Do you have any immediate family member or a personal relationship with any elected or appointed official, or a member of the NMTECH or NMHC Board?

   [ ] Yes [ ] No
   If yes, please provide the name of the individual, their position, and the nature of the relationship:
   _____

   _____

Certification: I certify that the information provided above is true and complete to the best of my knowledge. I understand that failure to disclose relevant information may result in disqualification or other corrective actions.

Applicant Signature: _____ Date: _____

WDTSP Application #: _____