**ATTACHMENT F-1**

**CONFLICT OF INTEREST ACKNOWLEDGMENT AND DISCLOSURE**

Check one and complete:

Applicant  Developer

Consultant  Architect

Contractor  Management Company

Tax Attorney  Bond Attorney

Accounting/CPA Consultant  Energy Consultant

Application Preparer  Nonprofit Sponsor

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 a member of the development team as specified above of the 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.

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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 foregoing instrument for the consideration, uses and purposes stated therein.

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

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Notary Public

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