



CONFLICT OF INTEREST FOR RATING AND RANKING COMMITTEE

The purpose of this form is to ensure that all individuals involved in the rating and ranking of applications for the Rural Nevada Continuum of Care (RNCoC) local competition disclose any potential conflicts of interest to maintain transparency and integrity in the review process.

1. All members of the Rating and Ranking Committee must sign a Conflict of Interest.
2. No member shall vote upon or participate in the discussion of any matter, which shall have direct financial bearing on the organizations the member represents. Conflict of interest and even the appearance of a conflict of interest must be avoided. Members shall report a conflict of interest and recuse themselves from voting on issues where a conflict of interest has been identified, is apparent or maybe a perceived organizational conflict of interest.
3. As it relates to action items, members with an actual or perceived conflict of interest when the member's action result, or appear to result, in personal, organizational, or professional gain. An actual or perceived conflict of interest occurs when:
 - a. There are direct or indirect financial interests in any competing entities.
 - b. There are personal or familial relationships with competitors or their representatives.
 - c. There are employment, consultancy, or board memberships with any competing entities.
 - d. There are any other situations that could compromise the individual's impartiality.

Disclosure

1. Do you or any immediate family member (spouse, domestic partner, parent, sibling, or child) have a financial interest, including employment, in any organization that has submitted an application to the Rural Nevada CoC?

☐ Yes

☐ No

If yes, please provide details:

2. Do you serve as a board member, advisor, consultant, or volunteer for any organization that has submitted an application to the Rural Nevada CoC?

☐ Yes

☐ No

If yes, please provide details:

3. Do you have any other personal, professional, or financial relationship with any applicant organization that could create a real or perceived conflict of interest in your role as a Rating and ranking committee member?

☐ Yes

☐ No

If yes, please provide details:

Acknowledgement:

By signing below, I confirm that I have disclosed all potential conflicts of interest to the best of my knowledge. I understand that if a conflict of interest is identified, I may be required to recuse myself from the Rating and ranking of relevant applications. I agree to act in the best interest of the Rural Nevada CoC and to uphold the integrity of the application review process.

Signature:

Date:

Official Use Only

Reviewed by:

Date:

Action Take (if any)