



NIP-9 Conflict of Interest Certification

SCSHFDA 300-C Outlet Pointe Blvd., Columbia, SC 29210 803-896-9001 www.schousing.com

In the procurement of services and when purchasing properties, the conflict of interest provisions in the NIP written agreement apply. The agreement states that no persons who exercise or have exercised any functions or responsibilities with respect to activities assisted with NIP funds or who are in a position to participate in a decision making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a NIP-assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

These conflict of interest provisions apply to any person who is an employee, family member, agent, consultant, officer, or elected official or appointed official of the Authority or a NIP participant which has been awarded NIP funds.

Only upon the written request of the Authority, may an exception be granted to the provisions of the agreement. Such exceptions are considered on a case-by case basis when it is determined that the exception will serve to further the purposes of NIP and the effective and efficient administration of the program.

**Check the statement below that applies to the contract between _____
and _____.**

_____**Statement A:** I acknowledge that I, _____ have read and understand the above conflict of interest requirements and certify that a conflict of interest **DOES NOT** exist.

_____**Statement B:** I acknowledge that I, _____ have read and understand the above conflict of interest requirements and certify that a conflict of interest **DOES** exist. **If Statement B applies, disclose the nature of the conflict of interest in the space provided below:**

By signing below, I certify that the statement provided above is true to the best of my knowledge and belief as of the date of my signature below. I also certify that I understand the conflict of interest provisions to which I am subject. I agree to contact NIP staff with respect to any new interests that might raise a potential conflict of interest or loss of impartiality during the course of my service on this contract/agreement.

NIP Participant: _____

Printed Name: _____

Signature: _____ **Date:** _____

Print Form