



July 8, 2013

Dear Vendor Colleague:

CMHA is committed to building and supporting an organization that demonstrates honesty, integrity, ethics, and best practices. In an effort to strengthen this commitment, we have established a compliance program and strengthened our Conflict of Interest policies and procedures. These steps are our attempt to offer guidance for the complex legal and business issues we face every day and to provide the overall principles for our system. The standards outlined apply to all our vendor, supplier and affiliate colleagues.

Please direct your attention to the Ethics in contracting section of the Purchasing Policy available on the CMHA website www.cmha.net under the Purchasing tab. You can see the policy clearly prohibits CMHA employees and their immediate family members from receiving gifts or any other consideration of value (greater than \$25) from a person or organization that does business or may want to do business with our organization or its affiliates.

For the purpose of this policy, vendors "immediate family member" means the vendors spouse, parent (including a stepparent), child, grandparent, grandchild, brother or sister, whether related as a full blood relative or as a "half" or "step" relative, such as a half-brother or a stepchild. "Household member" means any person related by blood or marriage and residing in the same household as the vendor.

If any of the above individuals are found to have a potential or actual conflict of interest, it must be disclosed using the CMHA Vendor Conflict of Interest Disclosure form.

Furthermore, vendors will be required to submit Conflict of Interest disclosure forms to CMHA as a part of the purchasing process and annually going forward depending on the contract terms.

If you have questions or would like to discuss the Conflict of Interest standard, please do not hesitate to contact me.

Thank you,

A handwritten signature in black ink, appearing to read 'Ed Oliveras', is written over a large, stylized loop.

Ed Oliveras, C.P.M.
Director of Purchasing
Cuyahoga Metropolitan Housing Authority
Purchasing Department
8120 Kinsman Road - 3rd Floor
Cleveland, Ohio 44104

(216) 271 - 2831 Office
(216) 432 - 5907 Fax

Jeffery K. Patterson, Chief Executive Officer, Cuyahoga Metropolitan Housing Authority

CMHA VENDOR CONFLICT OF INTEREST PROCEDURES
For Vendors doing business with the Cuyahoga Metropolitan Housing Authority

POLICY STATEMENT

- Cuyahoga Metropolitan Housing Authority (CMHA) is a public housing authority that receives government funding from several sources, the majority of which are federal funds from U.S. Department of Housing and Urban Development (HUD). To ensure the public's interest is protected, CMHA must demonstrate its business relationships are free from improper influence and bias that might otherwise result from external interests and relationships.
- As a result CMHA is subject to applicable HUD, CMHA internal, local, state and federal rules and procedures. All Vendors must adhere to the applicable rules and procedures, including any conflict of interest procedures.
- These procedures are to ensure that vendors report and fully disclose financial and business interests that relate to their CMHA related activities, so that actual or potential conflicts of interest can be reviewed and where conflicts of interest are found to exist, eliminated, reduced, or effectively managed.

CONFLICTS OF INTEREST DEFINED

- A conflict of interest exists when a vendor's financial, personal, or business affairs have the potential, either directly or indirectly, to influence the recipient's judgment or compromise their ability to carry out the responsibilities of the contract or could be a detriment to CMHA's integrity.
- It is the intent of the CMHA that these procedures be construed broadly to avoid even the appearance of improper activity. If there is any doubt or concern about whether specific conduct or activities are ethical or otherwise appropriate, the Vendor should contact the CMHA Internal Audit Department.
- For the purpose of these procedures, the term "Vendor" or "Vendors" means any contractor, supplier or sub-contractor, with which the CMHA does business or is likely to do business including those who submit bids or proposals.
- Vendors also include, but are not limited to individual owners, partners and principals of business entities.
- For the purpose of these procedures, vendors "immediate family member" means the vendors spouse, parent (including a stepparent), child, grandparent, grandchild, brother or sister, whether related as a full blood relative or as a "half" or "step" relative, such as a half-brother or a stepchild.
- For the purpose of these procedures, the term "Vendor Household member" means any person related by blood or marriage and residing in the same household as the vendor.

MISUSE OF CMHA INFORMATION

- Vendors shall not divulge confidential or proprietary information of CMHA, or use such information to his or her personal advantage or to the advantage of any other person or organization that is not on a "need to know" basis.

GIFTS OR FAVORS

- Vendors shall not provide gifts, cash, loans, travel, meals, entertainment, favors, personal services or payments in excess of \$25.00 to any CMHA Employee, Commissioner or Resident.
- Vendors shall not attempt to influence CMHA's procurement decision-making process by offering any services or items to any CMHA Employee, Commissioner or Resident.

CMHA VENDOR CONFLICT OF INTEREST PROCEDURES
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REPORTING OBLIGATIONS

- Vendors must disclose any situation that may be an actual, potential or apparent Conflict of Interest with any CMHA Employee, Commissioner or Resident.
- On an annual basis (in January) the CMHA Vendor Conflict of Interest Certification Form (**Exhibit A**) must be submitted to the Purchasing Department by the date specified in the contract.
- In addition to the annual reporting requirement, all Vendors must submit a new conflict of interest form to the CMHA Purchasing Department no later than 10 business days after the date the Vendor becomes aware of facts that require a new form to be filed using the attached CMHA Vendor Conflict of Interest Disclosure Form (**Exhibit B**).
- Failure to disclose any actual, potential, apparent, or implied conflict of interest, as set forth in this procedure, could result in the termination or expiring of said contract with CMHA.
- Any circumstance that may be perceived as a real or potential conflict shall be first submitted to the Director of Purchasing. The conflict will then be discussed with the Director of Internal Audit, who will, as soon as practicable, determine if a conflict exists or may exist in the future. Once a decision, is reached, it will be communicated to the Director of Purchasing.

ACTION TO BE TAKEN IN THE EVENT OF A CONFLICT OF INTEREST

- In the event the Director of Internal Audit determines that a conflict of interest exists, the Director of Purchasing and in accordance with this procedure, shall resolve the conflict in one of the following ways, and as appropriate depending on the circumstances:
 - a) Provide a reasonable period of time to change the circumstances in order to avoid a conflict of interest.
 - b) Terminate the relationship CMHA has with the Vendor.
 - c) Such other resolution that eliminates the conflict in accordance with applicable rules and regulations, if any.

At any time, vendors can contact the CMHA's Director of Purchasing to inquire about or discuss any actual, apparent or potential conflicts of interest.

CMHA
Conflict of Interest Vendor Questionnaire and Verification Form
Disclosure as of July 8, 2013

All Individual Owners, Partners and Principals of Business Entities must complete forms
 [Vendors must submit with your application or bid for services]

Description	Vendor to complete all fields (Please Print)
Contract Number: (If Applicable)	
Company Name:	
Name of Person(s) Completing Form:	
Job Title:	
Work Address:	
Work Phone:	

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Note: If you answer "Yes" to questions 4, 5, 6, or 7 below, please provide a detailed explanation on the attached Conflict of Interest Disclosure Form. (Exhibit B)

Ref #	Questions/Statement	Checkmark Yes or No		
		Yes	No	Initials
1	I am a representative for the above referenced CMHA Contract.			
2	I have received and reviewed the CMHA Purchasing Policy and the Ethics in Public Contracting section as it relates to vendor and subcontractors in respect to Conflict of Interest.			
3	I certify that all employees placed on this CMHA project have been reviewed and determined not to have a conflict of interest noted in the disclosure requirements that would preclude their participation on this contract.			
4	Do you have or are you aware of whether a spouse, significant other, household member, or immediate family member is employed by CMHA?			
5	Do you have or are you aware of whether a spouse, significant other, household member, or immediate family member has any financial interest in any business, or other organization which conducts business with CMHA?			
6	Do you own or are you aware of whether a spouse, significant other, household member, or immediate family member owns any property for which CMHA provides Housing Choice Vouchers through the Housing Choice Voucher Program?			
7	Are you aware of any additional information you believe may constitute an actual, apparent, or potential conflict of interest under the Purchasing Policy applicable to all vendors outlined in CMHA's Administrative Order 20 (i.e. CMHA Purchasing Policy)?			

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VERIFICATION:

I declare that I have received, reviewed, understood, and agreed to the Vendor Conflict of Interest procedures and have reported any and all actual, apparent, or potential conflicts of which I am aware. I declare, further, that I have examined this Conflict of Interest Disclosure form and the answers to the questions, and to the best of my knowledge and belief the answers are true and complete. I understand that willfully filing a statement containing false or misleading information shall result in recommendations to the proper authorities for further investigation that can lead to sanctions, including CMHA contract termination. I acknowledge that I am required to return this completed form to CMHA at time of application/bud submission and again as required during the contract term.

Description	Vendor/Subcontractor to complete all fields
Printed Name:	
Signature:	
Date:	

Please Return to: CMHA Director of Internal Audit, 8120 Kinsman Road, Cleveland OH 44104

To be completed by Internal Audit Dept.

Description	Dates
Date Received By Internal Audit	
Date and how conflict resolved: <input type="checkbox"/> - Not required- all no responses <input type="checkbox"/> - Required – Date and explanation how	
Date recommendation sent to vendor	

RECEIPT OF CMHA VENDOR CONFLICT OF INTEREST POLICY

I acknowledge that I have read the Cuyahoga Metropolitan Housing Authority's Conflict of Interest Policy.

I have read the Authority's Purchasing Policy which is found on CMHA's Web-Site.

I understand that I am responsible for understanding and complying with the requirements of the Authority's Purchasing Policy and the Ethics in Public Contracting section on pages 2-5, Section I, Attributes A through K.

Owner or Principal Name (Please Print)

Owner or Principal Signature

Today's Date

Company Name (Please Print)