## SAMPLE FORM OF ORDINANCE
### CODE OF CONDUCT

### CAVEAT
This sample is for purposes of illustration only. Grantees are directed to develop and adopt individualized Conduct Codes as specified in OMB Circular A-102, Attachment O, Paragraph 7.

### PURPOSE
The purpose of this Code of Conduct is to ensure the efficient, fair, and professional administration of federal grant funds in compliance with federal Office of Management and Budget (OMB) Circular A-102, Attachment O, Paragraph 7 and other applicable federal and state standards, regulations, and laws.

### APPLICATION
This Code of Conduct applies to all officers, employees, or agents of the ______________________ (City of/County) engaged in the award or administration of contracts supported by federal grant funds.

### REQUIREMENTS
No officer, employee, or agent of the ______________________ (City of/County) shall participate in the selection, award, or administration of a contract supported by federal grant funds, if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when:

a. the employee, officer, or agent;
b. any member of his/her immediate family;
c. his/her partner; or
d. an organization which employs, or is about to employ any of the above

has a financial or other interest in the firm selected for award.

The ______________________ (City of/County) officers, employees, or agents shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, potential contractors, or subcontractors.

### REMEDIES
To the extent permitted by federal, state or local laws or regulations, violation of these standards may cause penalties, sanctions, or other disciplinary actions to be taken against the ______________________ (City’s/County’s) officers, employees, or agents, or the contractor's, potential contractors, subcontractors, or their agents.

### EFFECTIVE DATE
This ordinance shall be effective upon publication.

Passed this _____ day of ____________________, _____.

(Signature)

Mayor (Typed Name)

ATTEST:

(Signature)

Clerk - (Typed Name)