



**INDIANA  
STATE ETHICS COMMISSION**

AUG 15 2016  
**CONFLICTS OF INTEREST - CONTRACTS  
ETHICS DISCLOSURE STATEMENT**  
Slate Form 53346 (R3 / 10-15)  
OFFICE OF THE INSPECTOR GENERAL  
IC 4-2-6-10.5

Mail to:  
**OFFICE OF INSPECTOR GENERAL**  
315 West Ohio Street, Room 104  
Indianapolis, IN 46202  
Telephone: (317) 232-3850  
E-mail scanned copy to: [info@ig.in.gov](mailto:info@ig.in.gov)

Check if you are making a correction to a previously filed statement.

A state officer, employee, or special state appointee may not knowingly have a financial interest in a contract made by an agency. The term financial interest is defined in IC 4-2-6-1. This prohibition, however, does not apply to an officer, employee, or special state appointee who (1) does not participate in or have contracting responsibility for the contracting agency and (2) meets the criteria in IC 4-2-6-10.5(b)(2) and (c)(1)-(5). One criterion is that the officer, employee, or special state appointee must file a written statement with the Inspector General before the officer, employee, or special state appointee executes the contract with the state agency.

The foregoing consists only of excerpts from IC 4-2-6-10.5. Care should be taken to review IC 4-2-6-10.5 in its entirety to ensure compliance with all criteria set forth in the statute. This disclosure will be posted on the Inspector General's website.

**PART 1 – GENERAL INFORMATION**

Name (last) Beier	Name (first) Bernard	Name (middle) J.
Name of office or agency Allen County Local Emergency Planning Committee and the Indiana Emergency Response Commission		Job title Allen County LEPC Member/Commissioner of IERC
Address of office (number and street) One East Main Street, Suite 754		City Fort Wayne
		ZIP code 46802
Office telephone number ( 260 ) 449-4663	Office e-mail address (required) bernie.beier@allencounty.us	

**PART 2 – CONTRACT**

List the name for each entity (i.e. vendor, contractor, consultant, subcontractor, or subconsultant) in which you have a financial interest that has a contract with a state agency. Also, list the name of the state agency the entity is contracting with (use a different form for each contract).

Business name of entity Board of Commissioners of Allen County	Name of entity contact person (first name and last name) Indiana Department of Homeland Security
---	---

This contract was (check one):

- made after public notice and, if applicable, through competitive bidding; or  
 not subject to notice and bidding requirements

If the contract was not subject to notice and bidding requirements, please provide the basis for that conclusion here.

Description(s) of Contract(s): (Describe the type of contract involved and the effective date and term of the contract if reasonably determinable.)

The 2015 EMPG Grant Agreement between the IDHS and the Board of Commissioners of Allen County is to reimburse the County for a portion of the salary paid to the EMA Director, Deputy EMA Director, and/or EMA Admin. Assistant.

Effective: 3/1/2016      Expire date: 9/30/2016

Grant Agreement Number: 16348

Grant Agreement Amount: \$ 92,345.51

Description of the Financial Interest: *(Describe in what manner the state officer, employee, or special state appointee expects to derive a financial interest from or otherwise has a pecuniary interest in, the above contract. State the approximate dollar value of the interest if reasonably determinable. Attach extra pages if additional space is needed.)*

I serve as the EMA Director and the 2015 EMPG Grant Agreement will allow IDHS to reimburse the County for \$ 42,448.38 which is 50% of my salary for the period of January 1, 2015 to December 31, 2015.

**ONLY COMPLETE PART 3 IF CONTRACT IS FOR PROFESSIONAL SERVICES**

**PART 3 – AGENCY CERTIFICATION**

Approval of appointing authority

Being the NOT APPLICABLE of NOT APPLICABLE  
*(Title of Appointing Authority) (Name of Contracting Agency)*

I hereby affirm that no other state officer, employee, or special state appointee of NOT APPLICABLE  
*(Name of the Contracting Agency)*

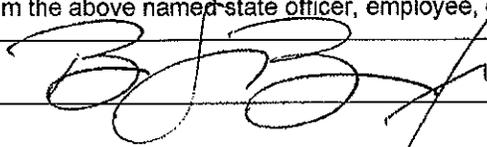
is available to perform those services as part of the regular duties of the state officer, employee, or special state appointee.

Signature of Appointing Authority Date signed *(month, day, year)*  
NOT APPLICABLE

Name of Appointing Authority  
NOT APPLICABLE

**PART 4 – AFFIRMATION**

I submit this statement to the Inspector General pursuant to 42 IAC 1-5-7 (IC 4-2-6-10.5) to disclose my financial interest in a contract with an agency. This contract can be performed without compromising the performance of my official duties and responsibilities as a state officer, employee or special state appointee. I affirm that I do not participate in or have contracting responsibility for the contracting agency. I further affirm that the contract was made after public notice or competitive bidding, if applicable. I also affirm, under penalty of perjury, the truth and completeness of the statements made above and that I am the above named state officer, employee, or special state appointee.

Signature  Date signed *(month, day, year)*  
7/19/2016