

INDIANA
STATE ETHICS COMMISSION

AUG 18 2016



**CONFLICTS OF INTEREST – CONTRACTS
ETHICS DISCLOSURE STATEMENT FILED**

State Form 53345 (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

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) Hojnicki	Name (first) Dorene	Name (middle) G.
Name of office or agency EMS Commission Technical Advisory Council		Job title EMS Commission TAC Member
Address of office (number and street) 915 South Petercheff Street		City Terre Haute
		ZIP code 47803
Office telephone number (812) 462-3217	Office e-mail address (required) dorene.hojnicki@vigocounty.in.gov	

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 Vigo County	Name of entity contact person (first name and last name)
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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 Vigo 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: 16441

Grant Agreement Amount: \$ 64,706.76

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 \$ 24,268.47 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)

8/16/16