



**CONFLICTS OF INTEREST – CONTRACTS  
ETHICS DISCLOSURE STATEMENT**  
State Form 53345 (R3 / 10-15)  
OFFICE OF THE INSPECTOR GENERAL  
IC 4-2-6-10.5

**FILED**

**APR 25 2023**

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) Sibanda	Name (first) Shelby	Name (middle) Rae
Name of office or agency Bureau of Rehabilitation Services		Job title Associate Director
Address of office (number and street) 402 W. Washington St. W453		City Indianapolis
		ZIP code 46204
Office telephone number ( 317 ) 850-3840	Office e-mail address (required) Shelby.Sibanda@fssa.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 Astronaut Learning Academy LLC	Name of entity contact person (first name and last name) Shelby Sibanda
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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.)

I, Shelby Sibanda, Associate Director for Bureau of Rehabilitation Services and part owner of Astronaut Learning Academy LLC am seeking to apply for a child care expansion grant offered through Office of Early Childhood and Out-of-School Learning(OECOSL). This is a public competitive grant opportunity that I intend to apply for, but grant aware notification will not occur until June 2023. OECOSL noted those who are awarded with a grant will receive funding July 2023, with funds needing to be spent within 18 months of award.

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.)*

Astronaut Learning Academy LLC is applying for \$740,000 grant through OECOSL. I, Shelby Sibanda, am a state employee under the Bureau of Rehabilitation Services. I have no direct connection with OECOSL or their grant/contract process. In the grant application I never indicate that I work the State to ensure there is no connection or interest because of my state employment. Based on the grant requirements I also have to bring 10% of the funding to the project which is in the amount of \$80,000 which is funded through a SBA (7a) Loan.

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

**PART 3 – AGENCY CERTIFICATION**

Approval of appointing authority

Being the \_\_\_\_\_ of \_\_\_\_\_  
*(Title of Appointing Authority)* *(Name of Contracting Agency)*

I hereby affirm that no other state officer, employee, or special state appointee of \_\_\_\_\_  
*(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

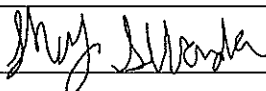
Date signed *(month, day, year)*

Name of Appointing Authority

**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)*

4/25/2023