



**ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING**
State Form 55888 (R / 10-16)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-8

FILED

FEB 9 2023

INDIANA STATE
ETHICS COMMISSION

In accordance with IC 4-2-6-9, you must file your disclosure with the State Ethics Commission no later than seven (7) days after the conduct that gives rise to the conflict. You must also include a copy of the notification provided to your agency appointing authority and ethics officer when filing this disclosure. This disclosure will be posted on the Inspector General's website.

Name (last) Wolfe	Name (first) Amanda	Name (middle) Heckelberg
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Name of office or agency IDOH Office of Finance	Job title COVID Grants Manager
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Address of office (number and street) 2 N Meridian St.	City Indianapolis	ZIP code 46204
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Office telephone number ()	Office e-mail address (required) amwolfe@health.in.gov
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Describe the conflict of interest:
I am the volunteer Board Treasurer for a new non-profit in Indiana called Camp to Belong Indiana. We provide opportunities for children separated from their siblings by foster or adoptive care to reconnect and strengthen bonds. We are in the process of applying to an IDOH grant opportunity under Project Aware. In my paid role at IDOH I do not, as far as I am aware, have any occasion to touch Project Aware grants or anything related to them. I file this form in an abundance of caution so that my boss can be made aware and make sure this remains true and so that there will never be even the appearance of impropriety should Camp to Belong Indiana be awarded a Project Aware grant.

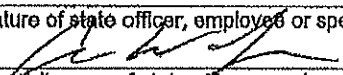
Describe the screen established by your ethics officer: *(Attach additional pages as needed.)*

While I do work in Finance monitoring and reporting on federal grants awarded under COVID dollars, and in the course of those duties I do often support program areas in executing sub-award contracts, I have no involvement in, or even awareness of the Project Aware awards. I do not know what funding will supply those awards or who in Finance is supporting their execution and management. To maintain that separation, I will inform my boss, Andrea Morris, of this existing conflict of interest so that no work touching Project Aware is given to me. I also will not speak to any program areas about Project Aware awards or Camp to Belong's application for funding.

AFFIRMATION

Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.

Signature of state officer, employee or special state appointee



Date signed (month, day, year)

02/09/23

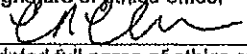
Printed full name of state officer, employee or special state appointee

Amanda Wolfe

FOR ETHICS OFFICER USE ONLY

Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.

Signature of ethics officer



Date signed (month, day, year)

2/9/2023

Printed full name of ethics officer

Erin R. Elam

Elam, Erin R

From: Elam, Erin R
Sent: Thursday, February 09, 2023 9:57 AM
To: Box, Kristina M
Subject: Conflict of Interest- Decisions and Voting Amanda Wolfe
Attachments: COI Form Amand Wolfe Project Aware.pdf

Good Morning, Dr. Box-

To be in compliance with IC 4-2-6-9 an employee who identifies a potential conflict of interest must notify their appointing authority and either request an advisory opinion from the State Ethics Commission or file a disclosure statement. Please accept this email as official notification. A copy of the Disclosure Statement is included for your reference. The Disclosure Statement has been filed with the State Ethics Commission and I anticipate we will receive a file-stamped copy within a few business days.

Thank you,

Erin Elam | Staff Attorney & Ethics Officer
Office of Legal Affairs
office: 317-234-8361 • fax: 317-234-6278
eelam@isdh.in.gov
health.in.gov

Confidentiality Statement: This message and any attachments may be confidential. If you are not the intended recipient, please 1) notify me immediately; 2) do not forward the message or attachment; 3) do not print the message or attachment; and 4) erase the message and attachment from your system.

