

NOV 10 2022



**ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST - DECISIONS AND VOTING**
State Form 55800 (R / 10-18)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

FILED

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) Heckelsberg
Name of office or agency Indiana Department of Health		Job title COVID Grants Manager
Address of office (number and street) 2 N Meridian St.		City Indianapolis
Office telephone number (317) 2337336		ZIP code 46204
Office e-mail address (required) amwolfe@health.in.gov		
Describe the conflict of interest: I sit on the founding Board of a local chapter for Camp to Belong International. Camp to Belong Indiana will seek grant funding via an application to the Health Issues and Challenges grants administered by the IN Department of Health. I do not work within the division awarding the grants, and although I manage grants and funding within IDOH's Finance division, I will have no part in administering these particular funds in my current role. However, given my work with the awarding division in other capacities and the Finance staff on a daily basis, I do not want an appearance of impropriety.		

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

In my normal day-to-day duties, I will abstain from any work that touches the funding being used in these grant awards.

The funding source for these awards is unknown to me and are not funds I manage. I will maintain this distance, even

if asked to cover additional duties outside my current assignments. My supervisor will be made aware that I can not be

assigned any duties dealing with the administration of the Health Issues and Challenges grant. If Camp to Belong

International is awarded funding by IDOH, I will abstain from any involvement in the creation or management of the

contract by IDOH Finance division. I will not communicate with IDOH staff involved in awarding this grant about the

application or administering funds to Camp to Belong International. Should any of these circumstances change, I will work

with my agency's ethics officer to ensure that an effective screen remains in-place.

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)

11/10/2022

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)

11/10/2022

Printed full name of ethics officer

Erin R. Elam

Elam, Erin R

From: Elam, Erin R
Sent: Wednesday, November 16, 2022 1:15 PM
To: Box, Kristina M
Subject: Conflicts of Interest- Decisions and Voting, Lydia Hamilton

Good Afternoon, 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 form the State Ethics Commission of file disclosure statement. Please accept this email as official notification. A copy of the Disclosure Statement in 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.