

Cooper, Jennifer

From: Web Form Poster <amanda.herendeen@dcs.in.gov>
Sent: Friday, October 14, 2016 5:38 PM
To: IG Info
Cc: Akers, Zachary
Subject: CONFLICTS OF INTEREST - CONTRACTS

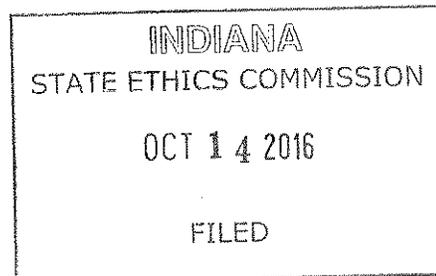
PART 1 - GENERAL INFORMATION

Name (Last): Herendeen
Name (First): Amanda
Name (Middle): Shay

Office Address: 2307 E. Center Street
City: Warsaw
Zip Code: 46580

Title or position within agency: FCMS
Name of agency: DCS
Office Telephone: 574-267-2576

Email Address: amanda.herendeen@dcs.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) Otis R. Bowen Center (contractor)

Entity's business name: Otis R. Bowen Center

Entity's business name: Garrett Penn

This contract was:
not subject to notice and bidding requirements

Description(s) of Contract(s): (Describe the type of contract involved and the effective date and term of the contract if reasonably determinable.) Otis R. Bowen Center has a state contract to provide mental health services, substance abuse services, and visitation services for clients of DCS.

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 have supplemental employment with the Otis R. Bowen Center inpatient unit, which is not a state contracted service.

PART 3 - AGENCY CERTIFICATION

Approval of appointing authority (to be completed in the case of a contract for professional services only.) Being the (Title of Appointing Authority) of (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.

(Name of Appointing Authority) (Signature)

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.

Signed: Amanda Herendeen Date: 10/14/2016