



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

State Form 53345 (R2 / 6-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-10.5

INDIANA
STATE ETHICS COMMISSION
DEC 21 2017

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

FILED

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

Last name Mason	First name Garrett	Middle initial L
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Address of office (number and street, city, state, and ZIP code)
100 N. Senate Ave, Room N749-GBT, Indianapolis, IN 46204

Title or position within agency Operations Analyst	Name of agency Department of Transportation
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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 Overdose Lifeline, Inc.	Name of entity contact person (first name and last name) Justin Phillips
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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.)

In accordance with Indiana statute, including IC 5-22-9, the Indiana Department of Administration (IDOA), acting on behalf of the Family and Social Services Administration, requires the operation and administration of Training, Technical Assistance, Data Collection and Evaluation for Substance Abuse Prevention and Treatment for the Division of Mental Health and Addiction. The purpose of this RFP is to select one or multiple vendors that can satisfy the State's need for training, technical assistance, data collection, and evaluation.

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.)*

The employee, Garrett Mason, would be paid as a consultant for services rendered regarding operation and administration of Training, Technical Assistance, Data Collection and Evaluation for Substance Abuse Prevention and Treatment for the Division of Mental Health and Addiction. At this time, the number of paid hours has not been determined and the hourly rate would not exceed \$35. The total approximate dollar value of Garrett's financial interest cannot be determined at this time.

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)

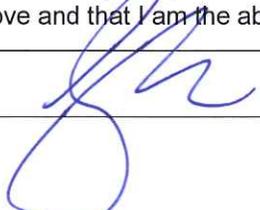
is available to perform those services as part of the regular duties of the state officer, employee, or special state appointee.

Signature of Appointing Authority	Date signed <i>(month, day, year)</i>
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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 <i>(month, day, year)</i> 12/21/2017
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