## INDIANA STATE ETHICS COMMISSION



## ETHICS DISCLOSURE STATEMENT CONFLICTS OF INTEREST – DECISIONS AND VOTING State Form 55860 (R / 10-15) OFFICE OF THE INSPECTOR GENERAL IC 4-2-6-9

MAR 18 2021

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)	Name (first)		Name (middle)		
Fort	Mikel		Patric		
Name of office or agency Indiana Department of Homeland Security		Job title EMS District Manager			
Address of office (number and street) 302 W Washington		City Indianapolis		ZIP code 46204	
Office telephone number ( 317 ) 232-2222	Office e-mail address (required) mfort@dhs.in.gov	)			
Describe the conflict of interest:					
My fiancee was recently promoted to Operations Manager of the Tippecanoe Emergency Ambluance Service (TEAS). Prior					
to her promotion, she served as a Paramedic for TEAS. Part of my duties include oversight of ambulance services which					
includes routine ambulance compliance inspections, investigations into complaints and reports of violations, and renewal					
of provider certifications, which are completed every two years. TEAS is in one of the Districts I oversee.					
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Describe the screen established by your ethics officer: (Attach additional pages as needed.) All matters related to TEAS have been assigned to my Field Manager Supervisor Robin Stump.				
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AFFIRMATION	ing grand a grand was noon a silang was n			
Your signature below affirms that your disclosures on this form are true, complete, and cor	rect to the best of your			
knowledge and belief. In addition to this form, you have attached a copy of your written disappointing authority and ethics officer.	sclosure to your agency			
Signature of state officer employee or special state appointee	Date signed (month, day, year) 03-18-2021			
Printed full name of state officer, employee or special state appointee Mikel P Fort	00-10-4041			
FOR ETHICS OFFICER USE ONLY				
Your signature below affirms that you have reviewed this disclosure form and that it is true best of your knowledge and belief. You also attest that your agency has implemented the	, complete, and correct to the screen described above.			
Signature of ethics officer,	Date signed (month, day, year) 3-18-21			
Printed full name of ethics officer	1 10-21			

## **Baker, Nathaniel P**

From:

Shute, Kristi

Sent:

Thursday, March 18, 2021 1:27 PM

To: Cc: Cox, Stephen Fort, Mikel P

Subject:

Conflict of Interest-Decisions and Voting Disclosure Statement-Mikel Fort

**Attachments:** 

Fort Decisions and Voting waiver.pdf

Good afternoon Director Cox,

To be in compliance with IC 4-2-6-9, Conflict of economic interests, 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.

I want to bring your attention to Mikel Fort's potential conflict of interest. His fiancée was recently promoted to Operations Manager of the Tippecanoe Emergency Ambulance Service (TEAS). Prior to her promotion she served as a Paramedic. Part of Mikel's duties as an EMS District Manager include oversight of ambulance services which includes routine ambulance compliance inspections, investigations into complaints and reports of violations, and renewal of provider certifications. TEAS is in one of the Districts Mikel oversees.

In my opinion, I do not believe there is a conflict. Mikel cannot participate in a decision or vote if he or a member of his immediate family has a financial interest in that decision or vote. Immediate family is defined in 42 IAC 1-3-13 as a spouse, partner, housemate or unemancipated dependent. Mikel's fiancée qualifies as an immediate family member as Mikel's partner. However, it's my opinion that she does not have a financial interest in decisions and votes related to TEAS as those decisions impact the organization itself.

Out of an abundance of caution, though, and from an appearance of impropriety perspective, I've advised Mikel to file the attached disclosure statement. All decisions and matters relating to TEAS will now go through Mikel's supervisor Robin Stump as directed by Kraig Kinney. Please accept this email as official notification. A copy of the Disclosure Statement is included for your reference. The Disclosure Statement will be filed with the Inspector General's Office later today.

Please let me know if you have any questions or need additional information.

Sincerely,

Kristi Shute | Deputy General Counsel and Ethics Officer Indiana Department of Homeland Security 302 W. Washington St., Room E208 Indianapolis, IN 46204

Phone: 317-967-4101 Email: kshute@dhs.in.gov