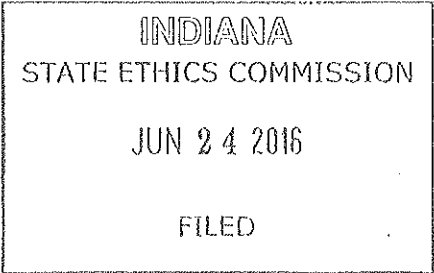


**Cooper, Jennifer**

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**From:** Web Form Poster <rhibbar@iu.edu>  
**Sent:** Friday, June 24, 2016 9:15 AM  
**To:** IG Info  
**Cc:** Akers, Zachary  
**Subject:** CONFLICTS OF INTEREST - CONTRACTS



**PART 1 - GENERAL INFORMATION**

Name (Last): Hibbard  
Name (First): Roberta  
Name (Middle): Ann

Office Address: 705 Riley Hospital Drive, Room 3038C  
City: Indianapolis  
Zip Code: 46202

Title or position within agency: Professor of Pediatrics Name of agency: Trustees of Indiana University Office Telephone: 317-274-2613

Email Address: rhibbar@iu.edu

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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) I serve as chair of the Children's Justice Act Task Force Advisory Committee for the Department of Child Services. In part CJA grants supports a small part of my salary through a grant with Indiana University.

I also serve as the chair of the State Child Fatality Review Team that provides no financial support for my programs and no formal contract with IU.

Entity's business name: Trustees of Indiana University

Entity's business name: Steve A. Martin, Associate VP of Research Administration

This contract was:  
made after public notice and, if applicable, through competitive bidding

Description(s) of Contract(s): (Describe the type of contract involved and the effective date and term of the contract if reasonably determinable.) See above - the initial contract with IU for the Pediatric Evaluation and Diagnostic Services in about 2008 was a competitive bid, but subsequent renewals were not.

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.)

See above - part of the CJA funds going to DCS are used to support the contract with IU for Pediatric Evaluation and Diagnostic Services and my salary.

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PART 3 - AGENCY CERTIFICATION

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

I hereby affirm that no other state officer, employee, or special state appointee of 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)

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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: Roberta A. Hibbard Date: 6/24/2016