



**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

DEC 05 2019

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) Reynolds	Name (first) Julie	Name (middle)
Name of office or agency Family and Social Services Administration		Job title Director of Strategic Initiatives
Address of office (number and street) 402 W Washington Street		City Indianapolis
		ZIP code 46204
Office telephone number (317) 232-1965	Office e-mail address (required) Julie.Reynolds@fssa.in.gov	

Describe the conflict of interest:

The University of Missouri Kansas City (UMKC) Institute for Human Development (IHD) is seeking a Senior Research Associate and has posted the position on the UMKC job board. I have applied for this position with UMKC-IHD. In 2016 DDRS, through the Division Director, decided to participate in the LifeCourse Framework (CtLC) National Community of Practice (CoP) through the National Association of State Directors of Developmental Disability (NASDDDS) in partnership with UMKC-IHD. I have been working with UMKC-IHD/NASDDDS over the past three years as the Indiana Facilitator for the Charting the LifeCourse Framework Community of Practice. This role is a part of my various job duties with DDRS and was assigned to me by the Division Director. As the Facilitator I have been responsible for guiding DDRS, presenting to the public, training and acting as a subject matter expert on the LifeCourse. The decision on funding this project rested solely with the Division Director and the actual path of payment for the services rested with the DDRS Director of Operations. As the Indiana Facilitator my contact with UMKC-IHD/NASDDDS consisted of participating in several subject-specific monthly calls; discussing Indiana's progress and issues; and to attend an Annual Conference hosted by UMKC-IHD. As a member of the CoP Indiana received five conference registrations at no additional charge and, as the Facilitator, I utilized one of the registrations to attend the conference over the past two years. The decision on utilization of the registrations was made in consultation with the Division Director.

In addition, the DDRS team who won and are administering a Federal Grant called "Living Well" from the Administration (ACL) decided to contract with UMKC-IHD under a sole source to provide technical assistance and trainings to further the mission of the grant. In my role with DDRS I assisted the Project Director for the Living Well grant in formulating a Statement of Work and with assistance in moving the procurement through the initial process. The decision to fund UMKC-IHD for this work was made by the Division Director who also approved the Statement of Work and the funding amount. My role was to ensure that all appropriate documentation was collected for the procurement and to advise the Living Well Project Director.

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

The DDRS Director as reassigned all work on the procurement for the Living Well grant to the Project Director/Project Manager for the Living Well Grant and to the DDRS Director of Operations. Additionally, she has assigned the Indiana Facilitator for the LifeCourse Framework Community of Practice responsibilities to another DDRS employee.

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)



12/4/19

Printed full name of state officer, employee or special state appointee

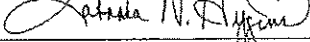
Julie M. Reynolds

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)



December 5, 2019

Printed full name of ethics officer

Latosha N. Higgins

Higgins, Latosha

From: Reynolds, Julie
Sent: Wednesday, December 04, 2019 10:01 AM
To: Sullivan, Jennifer
Cc: Hope, Kylee; Higgins, Latosha
Subject: Ethics Disclosure
Attachments: Ethics Discluse_Julie Reynolds.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Good Morning Dr. Sullivan,

Attached please find an Ethics Disclosure Statement that I am submitting to you based on an application I have made for a Senior Research Associate position at the University of Missouri Kansas City Institute for Human Development. Because I have had interactions with this entity in my work for FSSA/DDRS I am submitting this Disclosure to you and plan to request an opinion from the State Ethics Commission.

I have discussed this with both my supervisor, Kylee Hope and with the FSSA Ethics Officer, Latosha Higgins (both are copied on this email).

Please review the attached Disclosure and let us know if you have any questions or concerns.

Thank you for your consideration,

Julie Reynolds
Director of Strategic Initiatives
Division of Disability and Rehabilitative Services
402 W. Washington St
Indianapolis, IN

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www.in.gov/fssa

The Division of Disability & Rehabilitative Services is a program of the Indiana Family & Social Services Administration.

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