# DISCLOSURE BYPUBLIC EMPLOYEE OF FINANCIAL INTEREST

# IN A PUBLIC CONTRACT ACQUIRED AFTER ELECTION OR APPOINTMENT

**BY TRANSFER FROM AN IMMEDIATE FAMILY MEMBER OR BY INHERITANCE**

**AS REQUIRED BY 930 CMR 6.26(4)**

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|  | **PUBLIC EMPLOYEE INFORMATION** |
| Your Name: |  |
| Your Government Position |  |
| State, County or Municipal Agency/ Department | **Name of the public agency you serve** |
| Public Agency Address |  |
| Office phone |  |
| Office e-mail |  |
| Date when you were elected/ appointed to your government position | Specify date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **I am disclosing that after my election or appointment to my government position, I acquired a financial interest in a contract with a public agency by transfer from an immediate family member because of the family member’s incapacitating disability, or by inheritance.** |
|  | **PUBLIC CONTRACT** |
| Indicate how you acquired a financial interest in the public contract | **I acquired a financial interest in a public contract because…** **(check one statement below)****\_\_\_** My spouse, parent, brother, sister or child, or my spouse’s parent, brother, sister or childfamily member transferred the financial interest to me because of his or her incapacitating disability,**OR****\_\_\_\_** I inherited the financial interest. |
| Date when you acquired a financial interest in the public contract | Specify date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Name and address of public agency thatis a party to the public contract |  |
|  | If the public contract involves **your providing legal or other professional services to a public agency**, then you **MAY** **NOT** use this exemption.**PLEASE CONFIRM THAT YOU ARE ELIGIBLE TO USE THIS EXEMPTION BY WRITING AN X NEXT TO THE FOLLOWING STATEMENT:**\_\_\_\_ I confirm that the public contract is **not** for the purposes listed above. |
| Please explain what the public contract is for |  |
|  | **YOUR FINANCIAL INTEREST IN THE PUBLIC CONTRACT** |
| Please explain your financial interestin the public contract | For example:How much money do you pay under the contract?How much money will you be paid under the contract?How much of the contracting company do you own? |
|  | **DURATION OF THE PUBLIC CONTRACT** |
| Commencement date of the public contract | Specify date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Termination date of the public contract | **PLEASE NOTE: Your exemption ends on the contract termination date unless the public contract can be automatically extended or renewed.**Specify termination date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **AUTOMATICALLY EXTENDED CONTRACTS OR RENEWED CONTRACTS** |
| Automatic extension of the contract | **AUTOMATIC EXTENSION – COMPLETE THIS SECTION ONLY IF THE CONTRACT WAS AUTOMATICALLY EXTENDED BEYOND ITS ORIGINAL TERMINATION DATE.****PLEASE CONFIRM THE STATEMENTS BELOW BY WRITING AN X NEXT TO EACH ONE:**\_\_\_\_ I understand that I can use this exemption to retain my interest in an extension of the contract only if:* The extension was automatic without any action taken by either party; and
* The same terms and conditions that applied in the original contract apply during the contract extension. NOTE: Changes in contract payments will not be considered a change in the terms and conditions as long as the methodology for computing such changes is specified in the original contract, such that no negotiations are needed or required.

\_\_\_\_ I confirm that the extension satisfies the requirements above. |
| Renewal of the contract | **RENEWAL OF CONTRACT – COMPLETE THIS SECTION ONLY IF THE CONTRACT ENDED ON ITS TERMINATION DATE AND WAS RENEWED.****\_\_\_\_** I understand that I can use this exemption to retain my interest in a renewal of the contract only if:1. No action was taken by either party other than the notice to renew.
2. The same terms and conditions that applied in the previous contract apply during the contract renewal. NOTE: Changes in contract payments will not be considered a change in the terms and conditions as long as the methodology for computing such changes is specified in the original contract, such that no negotiations are needed or required.

\_\_\_\_ I confirm that the renewal satisfies the requirements above. |
|  | **Please seek further advice from the Ethics Commission if:*** **You are disclosing a construction contract and change orders will be executed; or**
* **At a future time, the public contract that you have disclosed will be amended.**
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|  | **ADDITIONAL OBLIGATIONS** |
|  | **PLEASE CONFIRM THE STATEMENTS BELOW BY WRITING AN X NEXT TO EACH ONE:**\_\_\_\_ I understand that I may not communicate directly or indirectly with any public agency concerning any public contract in which I have a financial interest.\_\_\_\_ I understand that I remain subject to other prohibitions in the conflict of interest law, and can seek further advice from the Ethics Commission about what those are. |
| Employee signature |  |
| Date |  |

**Attach additional pages if necessary.**

**Not elected to your public position – file with your appointing authority.**

**Elected state or county employees – file with the State Ethics Commission.**

**Elected municipal employee – file with the City Clerk or Town Clerk.**

**Elected regional school committee member – file with the clerk or secretary of the regional school district.**

**Form Approved April 2015**