# DISCLOSURE BYSTATE EMPLOYEE OF FINANCIAL INTEREST IN A STATE CONTRACT

# AND CERTIFICATION BY HEAD OF CONTRACTING AGENCY

**AS REQUIRED BY G. L. c. 268A, § 7(b)**

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|  | **STATE EMPLOYEE INFORMATION** |
| Name of state employee: |   |
| Title/ Position |  |
| **Fill in this box****if it applies to you.** | If you are a state employee because a state agency has contracted with your company or organization, please provide the name and address of the company or organization. |
| Agency/ Department |  |
| Agency Address |  |
| Office phone: |  |
| Office e-mail: |  |
|  | **Check one: \_\_\_\_ Elected or \_\_\_\_ Non-elected** |
| Starting date as a state employee. |  |
| **BOX # 1****Select either****STATEMENT #1 or****STATEMENT #2.****Write an X****beside your****financial interest.** | **ELECTED, COMPENSATED STATE EMPLOYEE**I am an **elected, compensated state employee**, other than a state Senator or a state Representative.\_\_\_ **STATEMENT #1**: I had one of the following financial interests in a contract made by a state agency before I was elected to my compensated state employee position. I will continue to have this financial interest in a state contract. **OR**\_\_\_ **STATEMENT #2**: I will have a new financial interest in a contract made by a state agency.**My financial interest in a state contract is:**\_\_\_\_ I have a non-elected, compensated state employee position.\_\_\_\_ A state agency has a contract with me.\_\_\_\_ I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.\_\_\_\_ I work for a company or organization that has a contract with a state agency, and I am a “key employee” because the contract identifies me by name or it is otherwise clear that the state has contracted for my services in particular. |
| **BOX # 2****Select either STATEMENT #1 or****STATEMENT #2.** **Write an X** **beside your financial interest.** | **NON-ELECTED, COMPENSATED STATE EMPLOYEE**I am a **non-elected, compensated state employee**.\_\_\_ **STATEMENT # 1**: I had one of the following financial interests in a contract made by a state agency **before** I took a position as a non-elected state employee. I will continue to have this financial interest in a state contract.**My financial interest in a state contract is:**\_\_\_\_ A state agency has a contract with me, but not an employment contract.\_\_\_\_ I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.**-- OR --**\_\_\_ **STATEMENT # 2**: I will have a **new** financial interest in a contract made by a state agency.**My financial interest in a state contract is:**\_\_\_\_ I have a non-elected, compensated state employee position.\_\_\_\_ A state agency has a contract with me.\_\_\_\_I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.\_\_\_\_ I work for a company or organization that has a contract with a state agency, and I am a “key employee” because the contract identifies me by name or it is otherwise clear that the state has contracted for my services in particular. |
|  | **FINANCIAL INTEREST IN A STATE CONTRACT** |
| Name and address of state agency thatmade the contract |  |
| **Please put in an X****to confirm** **these facts.** | **“My State Agency”** is the state agency that I serve as a **state employee**.The **“contracting agency”** is the **state agency that made the contract.**\_\_\_ My State Agency is not the contracting agency.\_\_\_ My State Agency does not regulate the activities of the contracting agency.\_\_\_ In my work for my State Agency, I do not participate in or have official responsibility for any of the activities of the contracting agency.\_\_\_ The contract was made after public notice or through competitive bidding. |
| **FILL IN****THIS BOX****OR THE BOX****BELOW** | **ANSWER THE QUESTION IN THIS BOX****IF THE CONTRACT IS BETWEEN THE STATE AND YOU.**- Please explain what the contract is for. |
| **FILL IN****THIS BOX****OR THE BOX****ABOVE** | **ANSWER THE QUESTIONS IN THIS BOX****IF THE CONTRACT IS BETWEEN THE STATE AND ANOTHER PERSON OR ENTITY.*** Please identify the person or entity that has the contract with the state agency.
* What is your relationship to the person or entity?
* What is the contract for?
 |
| What is your financial interestIn the state contract? | - Please explain the financial interest and include the dollar amount if you know it. |
| Date when you acquired a financial interest |  |
| What is the financial interest of your immediate family? | * Please explain the financial interest and include the dollar amount if you know it.
 |
| Date when your immediate family acquired a financial interest |  |
| **Write an X****to confirm each statement**. | **FOR A CONTRACT FOR PERSONAL SERVICES –****Answer the questions in this box ONLY if you will have a contract for personal services with a state agency (i.e., you will do work directly for the contracting agency).**I will have a contract with a state agency to provide personal services.\_\_\_ The services will be provided outside my normal working hours as a state employee.\_\_\_ The services are not required as part of my regular duties as a state employee.\_\_\_ For these services, I will be compensated for not more than 500 hours during a calendar year. |
| Employee signature: |  |
| Date: |  |

**Attach additional pages if necessary.**

**NOT A PERSONAL SERVICES CONTRACT -- File disclosure with:**

**State Ethics Commission**

**One Ashburton Place, Room 619**

**Boston, MA 02108**

**SEE CERTIFICATION REQUIRED FOR PERSONAL SERVICES POSITIONS, BELOW.**

**FOR CONTRACTS FOR PERSONAL SERVICES ONLY:**

**If you are reporting a financial interest in a contract for personal services with a state agency, then in addition to completing the disclosure above, you also must file the certificate below signed by the head of the contracting agency.**

## CERTIFICATION BY HEAD OF CONTRACTING AGENCY

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| --- | --- |
|  | **INFORMATION ABOUT HEAD OF CONTRACTING AGENCY** |
| Name: |  |
| Title/ Position |  |
| State Agency: |  |
| Agency Address: |  |
| Office Phone: |  |
|  | CERTIFICATION |
|  | I have received a disclosure under G.L. c. 268A, § 7(b) from a state employee who seeks to provide personal services to my state agency, identified above. I certify that no employee of my agency is available to perform the services described above as part of his or her regular duties. |
| Signature: |  |
| Date: |  |

**Attach additional pages if necessary.**

**File disclosure and certification with:**

**State Ethics Commission**

**One Ashburton Place, Room 619**

#### **Boston, MA 02108**

**Form Revised February, 2012**