

**INSTRUCTIONS FOR DISCLOSURE BY STATE EMPLOYEE
PURSUANT TO 930 CMR 6.07**

**FINANCIAL INTEREST IN A STATE CONTRACT
TO PROVIDE SOCIAL SERVICES**

WHEN TO USE THIS DISCLOSURE FORM

You are a **state employee**, and you seek to **be paid** or have another **financial interest in a contract or agreement made by a state agency in the list below, or by a provider or organization funded by a state agency in the list below:**

A state agency within the following Executive Offices:

**Executive Office of Health and Human Services,
including the Human Service Transportation Office;**

Executive Office of Public Safety and Security,

Executive Office of Elder Affairs,

Executive Office of Veteran's Services, or

A sheriff's office.

The **purpose of the contract** is:

- To provide **personal services** to a person or persons who receive services from, or have services paid for by, these state agencies; or
- To provide **educational services** to people who work for these agencies, or a provider or organization funded by these state agencies.

FILING THE DISCLOSURE

Before you provide the personal or educational services, you must:

Disclose your financial interest in the contract or agreement made by a state agency listed above;

Get approval of the arrangement from your **appointing authority** at the state agency for which you serve as a state employee;

Get approval of the arrangement from **the state agency in the list above**, if different; and

File the completed disclosure with the **State Ethics Commission**.

If you need advice about completing the disclosure, please call the Attorney of the Day at (617) 371-9500 or e-mail the State Ethics Commission at requestadvice@massmail.state.ma.us.