CONFLICTS OF INTEREST – CONTRACTS
ETHICS DISCLOSURE STATEMENT

State Form 53345 (R2 / 6-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-10.5

Mail to:
OFFICE OF INSPECTOR GENERAL
315 West Ohio Street, Room 104
Indianapolis, IN 46202
Telephone: (317) 232-3850
E-mail scanned copy to: info@ig.in.gov

☐ Check if you are making a correction to a previously filed statement.

A state officer, employee, or special state appointee may not knowingly have a financial interest in a contract made by an agency. The term financial interest is defined in IC 4-2-6-1. This prohibition, however, does not apply to an officer, employee, or special state appointee who (1) does not participate in or have contracting responsibility for the contracting agency and (2) meets the criteria in IC 4-2-6-10.5(b)(2) and (c)(1)-(5). One criterion is that the officer, employee, or special state appointee must file a written statement with the Inspector General before the officer, employee, or special state appointee executes the contract with the state agency.

The foregoing consists only of excerpts from IC 4-2-6-10.5. Care should be taken to review IC 4-2-6-10.5 in its entirety to ensure compliance with all criteria set forth in the statute. This disclosure will be posted on the Inspector General's website.

PART 1 – GENERAL INFORMATION

Last name	First name	Middle initial
Chapman	Erika	L

Address of office *(number and street, city, state, and ZIP code)*
2 North Meridan Street, Indianapolis, IN 46204

Title or position within agency	Name of agency
Prevention Field Operations Manager	Indiana Department of Health

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).

Business name of entity	Name of entity contact person *(first name and last name)*
Indiana Immunization Coalition	Staci Johnson

This contract was *(check one):*

☐ made after public notice and, if applicable, through competitive bidding; or
☑ not subject to notice and bidding requirements

If the contract was not subject to notice and bidding requirements, please provide the basis for that conclusion here.

Indiana Immunization Coalition receives federal grant money through the Indiana Department of Health for its primary (largest) grant and an additional smaller grant of state funds through the Safety PIN program. The federal grants have been in place for 20 years and change due to federal funding and federal initiatives. The safety pin program is a state funded program, but is very small and limited to a specific subset of the population (unvaccinated pregnant women).

Description(s) of Contract(s): *(Describe the type of contract involved and the effective date and term of the contract if reasonably determinable.)*

FILED

AUG 06 2026

INDIANA STATE
ETHICS COMMISSION

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.)*

I, Erika Chapman serves as the Prevention Field Operations Manager in the Indiana Department of Health (IDOH) Division of HIV, STI, Viral Hepatitis. I have been offered an as needed/PRN contract position with the Indiana Immunization Coalition (IIC) to assist with patient registration and administration of immunizations at their clinics. The rate of contract pay for this position is $25 per hour. The total dollar amount will vary depending upon how many hours I am needed to work. IIC receives federal and state funding to conduction their work through grants from the IDOH Immunization Division. I do not in any way participate or contribute in any way to the funding decisions of the IDOH Immunization Division. I also would not in any way be participating in the application of funds in my role with IIC. I am aware of the State Ethics Rule with regards to moonlighting and will adhere to it by not participating or discussing IDOH Immunization Funding with IIC. I have and will continue to communicate any questions that may arise with the IDOH Ethics Officer and the IDOH Division of HIV, STI, Viral Hepatitis leadership.

ONLY COMPLETE PART 3 IF CONTRACT IS FOR PROFESSIONAL SERVICES

PART 3 – AGENCY CERTIFICATION

Approval of appointing authority

Being the _____ of _____
(Title of Appointing Authority) *(Name of Contracting Agency)*

I hereby affirm that no other state officer, employee, or special state appointee of _____
(Name of the Contracting Agency)

is available to perform those services as part of the regular duties of the state officer, employee, or special state appointee.

Signature of Appointing Authority	Date signed *(month, day, year)*

Name of Appointing Authority

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.

Signature	Date signed *(month, day, year)*
Erika L Chapman	08-06-2026