



CONFLICTS OF INTEREST – CONTRACTS FILED
ETHICS DISCLOSURE STATEMENT
 State Form 53345 (R2 / 6-15)
 OFFICE OF THE INSPECTOR GENERAL
 IC 4-2-6-10.5

MAR 18 2024

INDIANA STATE
 ETHICS COMMISSION

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 Hartmann	First name Andrew	Middle initial D
Address of office (number and street, city, state, and ZIP code) 3300 E Morgan Ave, Evansville, IN 47715		
Title or position within agency Special Attendant	Name of agency FSSA	

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 Essential Virtual Solutions, LLC	Name of entity contact person (first name and last name) Becca Sigafus
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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.

The contract has not yet been executed between the vendor and DMHA.

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

The contract is a special procurement. The purpose of this contract is for Essential Virtual Solutions, LLC (EVS) to continue a partnership with the Division of Mental Health and Addiction (DMHA) to collaborate on the development of the Certified Peer Support Professional (CPSP) program. EVS will continue to develop and oversee the Certified Peer workforce compliance management system, manage all training and testing sites for the curriculum, and serve as passthrough peer trainers and other needed program staff.

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 would be employed as an independent contractor facilitating crisis peer trainings on behalf of the 3rd party vendor who is expected to hold this contract with DMHA. The 1099 earnings expected is approximately \$3000 per 6 days of training each month a yet to be determined contract period.

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)

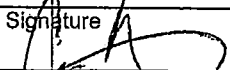
is available to perform those services as part of the regular duties of the state officer, employee, or special state appointee.

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)*
 3/18/2024