



**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@iq.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 Robinson	First name Holly	Middle initial A
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Address of office (number and street, city, state, and ZIP code)

601 West Street, Suite B, Madison, IN 47250

Title or position within agency

Special Appointee

Name of agency

IDOH - Executive Board

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

infants in BLOOM, LLC

Name of entity contact person (first name and last name)

Holly Robinson MD

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 BLOOM received was after public notice of the RHTP GROW grant but did not involve bidding process. I participated in and completed the formal grant application process.

FILED

SEP 3 0 2026

INDIANA STATE
ETHICS COMMISSION

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

The RHTP GROW grant contract is signed and once fully executed, begins on Sept 1, 2026 and concludes in 2031. Each year, a new budget request and approval follows a formal process.

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.)

This contract supports the expansion of the innovative practice model providing in-home pediatric care to vulnerable infants in southeast Indiana. It supports salaries, an IT platform build for visit planning and quality data collection, screening devices, curriculum training and delivery and management services. Year one award was 1.2 million; requested year two 1.4 million.

ONLY COMPLETE PART 3 IF CONTRACT IS FOR PROFESSIONAL SERVICES

PART 3 – AGENCY CERTIFICATION

Approval of appointing authority

Being the

Chief of State

(Title of Appointing Authority)

of

Indiana Department of Health

(Name of Contracting Agency)

I hereby affirm that no other state officer, employee, or special state appointee of

Indiana Department of Health

(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

[Signature]

Date signed (month, day, year)

9/29/2026

Name of Appointing Authority

Jessica W King

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

[Signature]

Date signed (month, day, year)

Sept 17, 2026