

Croft, Celeste

From: Web Form Poster <rburkhart@iot.in.gov>
Sent: Thursday, April 05, 2018 3:01 PM
To: IG Info
Cc: zakers@www.in.gov
Subject: CONFLICTS OF INTEREST - CONTRACTS

PART 1 - GENERAL INFORMATION

Name (Last): Burkhart
Name (First): Robert
Name (Middle): Theodore

Office Address: 100 N. Senate Ave
City: Indianapolis
Zip Code: 46204

Title or position within agency: Systems Admin, Sr.
Name of agency: Office of Technology
Office Telephone: 317-234-0332

Email Address: rburkhart@iot.in.gov

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) Robert Burkhart dba Graphics 55, Indiana State Police

Entity's business name: Robert Burkhart

Entity's business name:

This contract was:
made after public notice and, if applicable, through competitive bidding

Description(s) of Contract(s): (Describe the type of contract involved and the effective date and term of the contract if reasonably determinable.) Produce shirts, jackets, hats for the state police museum store

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.) payment for products sold.

PART 3 - AGENCY CERTIFICATION

Approval of appointing authority (to be completed in the case of a contract for professional services only.) Being the (Title of Appointing Authority) of (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.

(Name of Appointing Authority) (Signature)

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.

Signed: Robert Burkhart Date: April, 5, 2018