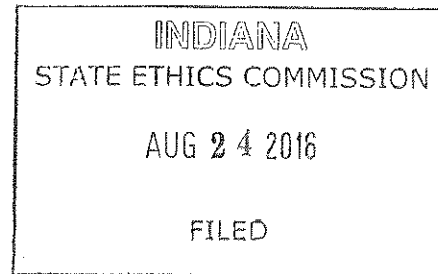


Cooper, Jennifer

From: IG Info
Sent: Wednesday, August 24, 2016 9:09 AM
To: Cooper, Jennifer
Subject: FW: CONFLICTS OF INTEREST - CONTRACTS

Follow Up Flag: Follow up
Flag Status: Flagged



-----Original Message-----

From: Web Form Poster [mailto:chefflin@dhs.in.gov]
Sent: Tuesday, August 23, 2016 12:33 PM
To: IG Info <info@ig.IN.gov>
Cc: Akers, Zachary <zakers@www.in.gov>
Subject: CONFLICTS OF INTEREST - CONTRACTS

PART 1 - GENERAL INFORMATION

Name (Last): Hefflin
Name (First): Charles
Name (Middle): William

Office Address: 302 W. Washington
City: Indianapolis
Zip Code: 46204

Title or position within agency: LEPC Coordinator **Name of agency:** IDHS **Office Telephone:** 317-234-9396

Email Address: chefflin@dhs.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) City of Zionsville, Indiana Department of Homeland Security Office of the State Fire Marshal

Entity's business name: City of Zionsville

Entity's business name: Jeff Beam

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.) Contract Number C44P5-800B Contract to provide delivery of firefighter training to firefighters in Indiana Homeland Security District 5 Contract Effective Date: 4/20/15 Contract End Date: 4/20/2017

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.) Delivery of firefighter training based upon a needs assessment. The delivery includes compensation of instructors, purchase of disposable supplies and facility maintenance. Instructors are not on contract and are paid \$25.00/hr

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: Charles W Heflin Date: 8/23/2016