



INDIANA  
STATE ETHICS COMMISSION

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

SEP 09 2019

FILED

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](mailto: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 HENDERSON	First name DAVETTA	Middle initial A
Address of office (number and street, city, state, and ZIP code) 402 W WASHINGTON ST., W353, INDIANAPOLIS, IN 46204		
Title or position within agency ASSISTANT DEPUTY DIRECTOR, ADDICTION, MENTAL HEALTH PROMOTION, ADDICTION	Name of agency DIVISION OF MENTAL HEALTH AND ADDICTION	

**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 DEPARTMENT OF CHILD SERVICES (DCS)	Name of entity contact person (first name and last name) DAVID REED
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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.

N/A

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 to provide services to Dept of Child Services (DCS) clients via therapy, counseling, support groups, supportive services, and to perform a family assessment. I do not have any contracting responsibility for the contracting agency (DCS). Contract term: October 1, 2019 - June 30, 2021

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 is a fee-for-service contract - payment is only after the service has been performed. No dollars or financial amount is awarded upfront. No money is awarded if the proposal is accepted. There is reimbursement after each service has been successfully performed only. The dollar amount is contingent upon the type and number of services that are performed.

**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

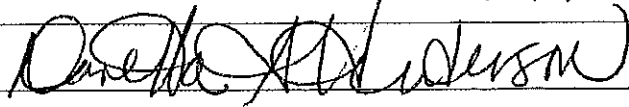
Date signed *(month, day, year)*

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)*

9-8-2019