



The Commonwealth of Massachusetts

Executive Office of Health & Human Services
Department of Developmental Services

Worcester Area Office
24 Southbridge
Worcester, MA 01608
TEL (508) 792-6200 • FAX (508) 792-2223

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STATE ETHICS COMMISSION

2014 APR -9 PH 1:25

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DATE: April 7, 2014
TO: Dan Lunden, Regional Director
FROM: Jeffrey Black, WAO
RE: **Conflict of Interest Law Disclosure Forms**

Dear Dan,

Thank you for your expeditious review of my 4/4/14 *Proposal for DDS Benefits Specialist Pilot* document that outlined my ideas to improve DDS infrastructure around Social Security Administration (SSA) benefits management for DDS individuals who are participating in the Commissioner's Employment First initiative. I understand and respect that you are not currently planning to develop such a position at this time.

There are, however, consistent and increasing requests from providers, individuals and families in the Disability Community to develop SSA Benefits Training and Management models and supportive materials. I am currently a part time employee of DDS. I am writing to ask you, as my Appointing Authority, to please consider allowing me to participate in Educational Services and Technical Training with entities outside the Department on my own time. In accordance with the Conflict of Interest Law (MGL.c.268A sections 6, 6.07 & 7 (B)), I am submitting the attached Disclosure Forms.

Thank you, once again, for your consideration of this request.

Sincerely,

Jeffrey Black
Certified Work Incentive Coordinator (CWIC)
Service Coordinator, Worcester Area Office

cc. David Kent, Area Director
Deirdre Roney, State Ethics Commission
Ellen O'Connor, Attorney

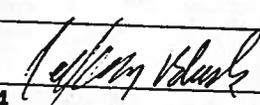
**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST IN A STATE CONTRACT
AND CERTIFICATION BY HEAD OF CONTRACTING AGENCY
AS REQUIRED BY G. L. c. 268A, § 7(b)**

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	STATE EMPLOYEE INFORMATION
Name of state employee:	Jeffrey Black
Title/ Position	Human Service Coordinator A/B (Half-time 22.7 hours per week)
Fill in this box if it applies to you.	If you are a state employee because a state agency has contracted with your company or organization, please provide the name and address of the company or organization.
Agency/ Department	EOHSS Department of Developmental Services (DDS)
Agency Address	24 Southbridge St. Worcester, MA 01608
Office phone:	508-792-6200 ext. 143
Office e-mail:	jeff.black@state.ma.us
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a state employee.	November 1995
BOX # 1	ELECTED, COMPENSATED STATE EMPLOYEE
Select either STATEMENT #1 or STATEMENT #2.	I am an elected, compensated state employee, other than a state Senator or a state Representative.
Write an X beside your financial interest.	<input type="checkbox"/> STATEMENT #1: I had one of the following financial interests in a contract made by a state agency before I was elected to my compensated state employee position. I will continue to have this financial interest in a state contract. OR <input type="checkbox"/> STATEMENT #2: I will have a new financial interest in a contract made by a state agency.
	My financial interest in a state contract is: <input type="checkbox"/> I have a non-elected, compensated state employee position. <input type="checkbox"/> A state agency has a contract with me. <input type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization. <input type="checkbox"/> I work for a company or organization that has a contract with a state agency, and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state has contracted for my services in particular.
BOX # 2	NON-ELECTED, COMPENSATED STATE EMPLOYEE
Select either STATEMENT #1 or STATEMENT #2.	I am a non-elected, compensated state employee.
	<input type="checkbox"/> STATEMENT #1: I had one of the following financial interests in a contract made by a state agency before I took a position as a non-elected state employee. I will continue to have this financial interest in a state contract.

<p>Write an X beside your financial interest.</p>	<p>My financial interest in a state contract is:</p> <p><input type="checkbox"/> A state agency has a contract with me, but not an employment contract.</p> <p><input type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.</p> <p>-- OR --</p> <p><input checked="" type="checkbox"/> STATEMENT # 2: I will have a new financial interest in a contract made by a state agency.</p> <p>My financial interest in a state contract is:</p> <p><input type="checkbox"/> I have a non-elected, compensated state employee position.</p> <p><input type="checkbox"/> A state agency has a contract with me.</p> <p><input checked="" type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.</p> <p><input type="checkbox"/> I work for a company or organization that has a contract with a state agency, and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state has contracted for my services in particular.</p>
<p>Name and address of state agency that made the contract</p>	<p>FINANCIAL INTEREST IN A STATE CONTRACT</p> <p>DDS 24 Southbridge St. Worcester, MA 01608</p>
<p>Please put in an X to confirm these facts.</p>	<p>"My State Agency" is the state agency that I serve as a state employee.</p> <p>The "contracting agency" is the state agency that made the contract.</p> <p><input type="checkbox"/> My State Agency is not the contracting agency.</p> <p><input type="checkbox"/> My State Agency does not regulate the activities of the contracting agency.</p> <p><input checked="" type="checkbox"/> In my work for my State Agency, I do not participate in or have official responsibility for any of the activities of the contracting agency.</p> <p><input checked="" type="checkbox"/> The contract was made after public notice or through competitive bidding.</p>
<p>FILL IN THIS BOX OR THE BOX BELOW</p>	<p>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND YOU.</p> <p>- Please explain what the contract is for.</p>
<p>FILL IN THIS BOX OR THE BOX ABOVE</p>	<p>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND ANOTHER PERSON OR ENTITY.</p> <ul style="list-style-type: none"> - Please identify the person or entity that has the contract with the state agency. - What is your relationship to the person or entity? - What is the contract for? <p>Seven Hills Foundation, Support Brokers & other private and non-profit agencies throughout the State (TBD). Relationship will be as Consultant. Contracts are for Family Support.</p>

What is your financial interest in the state contract?	Compensation would range between \$25 and \$45 per hour for a maximum of 15 hours per week.
Date when you acquired a financial interest	Negotiation to proceed after Disclosure/Approval from The Appointing Authority.
What is the financial interest of your immediate family?	- Please explain the financial interest and include the dollar amount if you know it.
Date when your immediate family acquired a financial interest	
Write an X to confirm each statement.	<p>FOR A CONTRACT FOR PERSONAL SERVICES –</p> <p>Answer the questions in this box ONLY if you will have a contract for personal services with a state agency (i.e., you will do work directly for the contracting agency).</p> <p>I will have a contract with a state agency to provide personal services.</p> <p><input checked="" type="checkbox"/> The services will be provided outside my normal working hours as a state employee.</p> <p><input checked="" type="checkbox"/> The services are not required as part of my regular duties as a state employee.</p> <p><input type="checkbox"/> For these services, I will be compensated for not more than 500 hours during a calendar year.</p>
Employee signature:	
Date:	4/7/14

Attach additional pages if necessary.

NOT A PERSONAL SERVICES CONTRACT – File disclosure with:

State Ethics Commission
 One Ashburton Place, Room 619
 Boston, MA 02108

SEE CERTIFICATION REQUIRED FOR PERSONAL SERVICES POSITIONS, BELOW.

FOR CONTRACTS FOR PERSONAL SERVICES ONLY:

If you are reporting a financial interest in a contract for personal services with a state agency, then in addition to completing the disclosure above, you also must file the certificate below signed by the head of the contracting agency.

CERTIFICATION BY HEAD OF CONTRACTING AGENCY

INFORMATION ABOUT HEAD OF CONTRACTING AGENCY	
Name:	
Title/ Position	
State Agency:	
Agency Address:	
Office Phone:	
CERTIFICATION	
	I have received a disclosure under G.L. c. 268A, § 7(b) from a state employee who seeks to provide personal services to my state agency, identified above. I certify that no employee of my agency is available to perform the services described above as part of his or her regular duties.
Signature:	
Date:	

Attach additional pages if necessary.

File disclosure and certification with:

State Ethics Commission
One Ashburton Place, Room 619
Boston, MA 02108