

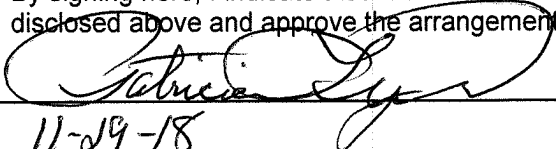
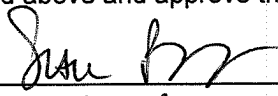
**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST
IN A CONTRACT TO PROVIDE SOCIAL SERVICES
PURSUANT TO 930 CMR 6.07**

RECEIVED
STATE ETHICS COMMISSION

2018 DEC -4 PM 12:22

	STATE EMPLOYEE INFORMATION
Name of state employee:	Marc L Bonin
Title/ Position:	Psychological Assistant 3
Agency/Department:	Department of Developmental Services
Agency Address:	Central Residential Services 324 Clark St., Worcester, MA 01606
Office phone:	714-314-3558
Office e-mail	Marc.bonin@massmail.state.ma.us
	<p>I am a state employee, and I seek to have a financial interest in a contract or agreement made by a state agency listed below, or by a provider or organization funded by a state agency listed below:</p> <p>A state agency within the following Executive Offices:</p> <p>Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p>Executive Office of Public Safety and Security,</p> <p>Executive Office of Elder Affairs,</p> <p>Executive Office of Veteran's Services, or</p> <p>A sheriff's office.</p> <p>The purpose of the contract is:</p> <ul style="list-style-type: none"> - To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or - To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies. <p>I seek approval of the arrangement from the agency for which I serve as a state employee and from the state agency above that made the contract.</p>
	FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY
	PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.
1) Service to a state agency	<p><input type="checkbox"/> I will provide personal or educational services to a state agency listed above.</p> <p>Please identify the state agency and also the Executive Office it is in, if applicable.</p>

<p>2) Service to a provider or organization</p>	<p><input type="checkbox"/> I will provide personal or educational services to a provider or organization funded by a state agency listed above.</p> <p>Please provide the name and address of the provider or organization.</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p>
<p>3) Service to a person or persons</p>	<p><input checked="" type="checkbox"/> I will provide personal services directly to a person or persons who receive services from, or have services paid for by, a state agency listed above.</p> <p>Please identify the state agency that provides services to, or pays for services for, the person or persons, and also the Executive Office it is in, if applicable.</p> <p>Department of Developmental Services, Southbridge Area Office, Southbridge, MA Executive Office of Health and Human Services.</p>
<p>Please describe the services you will provide.</p>	<p>Please provide information about the type of personal or educational services you will provide. Please do not include the name of any individual who receives services.</p> <p>Will assist the person with activities of daily living including providing personal care such as bathing and dressing, meal preparation, medication administration.</p> <p>Previous to this disclosure my name was not listed in the contract with Seven Hills Family Services. This disclosure is to report my name will be added to the contract, allowing either my wife or myself to be responsible to provide care in our home and for my wife to continue to receive compensation when she is gone away on vacation.</p>
<p>What will you be paid, or what other financial interest will you have?</p>	<p>Please include a dollar amount, if possible.</p> <p>My wife receives compensation from Seven Hills Family Services which is funded by a contract with DDS as noted above.</p>
<p>Employee signature</p>	<p><i>Marc L. Boman</i></p>
<p>Date:</p>	<p>11/28/2018</p>
<p>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</p>	
<p>Name and title of appointing authority</p>	<p><i>Patricia Lyons</i> <i>Director CW State Operated Community Services</i></p>

Office phone	978-652-4048
Office e-mail	patricia.lyons@state.ma.us
Signature by appointing authority	By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee. 
Date:	11-29-18
APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)	
Name and title of person giving approval at the state agency that made the contract	SUSAN BANKS INTERIM REGIONAL DIRECTOR C/W REGION
Office phone	413-205-0844
Office e-mail	SUSAN.BANKS@MASSMAIL.STATE.MA.US
Signature by person giving approval	By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee. 
Date:	11/29/18

Attach additional pages if necessary.

File with:

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