


**DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST
AND DETERMINATION BY APPOINTING AUTHORITY**

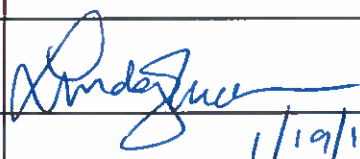
AS REQUIRED BY G. L. c. 268A, § 6

RECEIVED
STATE ETHICS COMMISSION

	STATE EMPLOYEE INFORMATION	2018 JAN 22 PM 1:15
Name:	Carlene Pavlos	
Title or Position:	Director, Bureau of Community Health and Prevention	
State Agency:	Massachusetts Department of Public Health	
Agency Address:	250 Washington Street, 5 th Floor, Boston, MA 02108	
Office Phone:	617 624 5491	
Office E-mail:	Carlene.pavlos@state.ma.us	
	My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.	
	PARTICULAR MATTER	
Particular matter E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, decision, determination, or finding.	Please describe the particular matter. I am the Bureau Director for Community Health and Prevention which interacts with the Massachusetts Public Health Association in a variety of ways. For the purposes of this disclosure, the most important of these is that we provide MPHA with a contract of approximately \$100,000 through the Preventive Health and Health Services Block Grant. I have been contacted about applying for the position of Executive Director of the MPHA and will be exploring this opportunity.	
Your required participation in the particular matter: E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.	Please describe the task you are required to perform with respect to the particular matter. As the Bureau Director, I oversee the manager of the Preventive Health and Health Services Block Grant and the manager who oversees the MPHA contract. I am involved in multiple conversations with MPHA staff on a variety of public health issues which overlap with the scope of the Bureau and their contract supports public health capacity-building across the state. Should concerns with the current contract arise, I would play a key decision-making role in what actions should be taken by the Department.	
	FINANCIAL INTEREST IN THE PARTICULAR MATTER	
Write an X by all that apply.	<input type="checkbox"/> I have a financial interest in the matter. <input type="checkbox"/> My immediate family member has a financial interest in the matter. <input type="checkbox"/> My business partner has a financial interest in the matter. <input type="checkbox"/> I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter. <input checked="" type="checkbox"/> I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter.	

Financial interest in the matter	<p>Please explain the financial interest and include a dollar amount if you know it.</p> <p>As previously noted, MPHA is has a contract with DPH's Bureau of Community Health and Prevention and this places me in a position of making key decisions regarding this funding. Their grant award is approximately \$100,000 for this fiscal year and is anticipated to be approximately the same next fiscal year.</p>
Employee signature:	
Date:	11/8/17

DETERMINATION BY APPOINTING OFFICIAL

	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	Lindsey Tucker
Title or Position:	Associate Commissioner
Agency/Department:	DPH
Agency Address:	250 Washington St Boston
Office Phone:	617-624-5200
Office E-mail	lindsey.tucker@state.ma.us
	DETERMINATION
<p>Determination by appointing authority:</p> <p>Write an X by your selection.</p>	<p>As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee.</p> <p><input checked="" type="checkbox"/> I am assigning the particular matter to another employee, or</p> <p><input type="checkbox"/> I am assuming responsibility for the particular matter, or</p> <p><input type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.</p>
Appointing Authority signature:	
Date:	11/19/18
Comment:	

Attach additional pages if necessary.

File copy with:

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