

**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)**

RECEIVED
STATE ETHICS COMMISSION

STATE EMPLOYEE INFORMATION		2020 MAR 19 AM 10:05
Name of state employee:	DARLING BONILLA	
Title/ Position	Social Worker / Intake Supervisor	
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	Department of Children and Families Metro North Area Office	
Agency Address	200 Harvard Mills Square Suite 470 Wakefield, MA 01880	
Office phone:	781-388-7145	
Office e-mail:	darling.bonilla-Speliotis@state.ma.us	
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected	
Starting date as a state employee.	November 1, 2006	
BOX # 1 Select either STATEMENT #1 or STATEMENT #2. Write an X beside your financial interest.	<p>ELECTED, COMPENSATED STATE EMPLOYEE</p> <p>I am an elected, compensated state employee, other than a state Senator or a state Representative.</p> <p>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</p> <p>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 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>	
BOX # 2 Select either STATEMENT #1 or STATEMENT #2.	<p>NON-ELECTED, COMPENSATED STATE EMPLOYEE</p> <p>I am a non-elected, compensated state employee.</p> <p>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>	

<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>FINANCIAL INTEREST IN A STATE CONTRACT</p> <p>Name and address of state agency that made the contract</p> <p>Mass Health 100 Hancock Street 6th Floor Quincy, MA 02171</p> <p>"My State Agency" is the state agency that I serve as a state employee. The "contracting agency" is the state agency that made the contract.</p> <p><input checked="" type="checkbox"/> My State Agency is not the contracting agency.</p> <p><input checked="" 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> <ul style="list-style-type: none"> - Please explain what the contract is for.
<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>- Acadia Health has the contract with mass Health. - I am a per diem social worker at Acadia Health - The contract is to provide mental health services to patients at Acadia Health.</p>

What is your financial interest in the state contract?	<ul style="list-style-type: none"> - Please explain the financial interest and include the dollar amount if you know it. <p>- Acadia Health will pay me \$33 / hr for Per diem work.</p>
Date when you acquired a financial interest	21 10/2020
What is the financial interest of your immediate family?	<ul style="list-style-type: none"> - Please explain the financial interest and include the dollar amount if you know it. <p>NA</p>
Date when your immediate family acquired a financial interest	NA
Write an X to confirm each statement.	<p>FOR A CONTRACT FOR PERSONAL SERVICES – NA</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 type="checkbox"/> The services will be provided outside my normal working hours as a state employee.</p> <p><input 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:	Darlene Bonilla
Date:	3/16/2020

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.