

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

STATE EMPLOYEE INFORMATION	
Name of state employee:	Colleen M. Chartier RN CDDN
Title/ Position:	RN IV, Merrimack Valley Area Office Nurse
Agency/Department:	DDS Department of Developmental Services
Agency Address:	Department of Developmental Services Merrimack Valley Area Office 280 Merrimack St Lawrence Ma. 01843
Office phone:	978-521-9432 x 304
Office e-mail:	colleen.chartier @ massmail.gov
DISCLOSURE STATE EMPLOYEE'S CONTRACT	<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> <ul style="list-style-type: none"> Executive Office of Health and Human Services, including the Human Service Transportation Office; Executive Office of Public Safety and Security, Executive Office of Elder Affairs, Executive Office of Veteran's Services, or <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	<input type="checkbox"/> I will provide personal or educational services to a state agency listed above. <input type="checkbox"/> Please identify the state agency and also the Executive Office it is in, if applicable.

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2) Service to a provider or organization	<p><input checked="" 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>Turning Point 5 Perry Way Newburyport Ma</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable. Department of Developmental Services, Executive Office of Health and Human Services</p>
3) Service to a person or persons	<p><input 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>
Please describe the services you will provide.	<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>I will provide Medication Administration Certification Training (MAP) training to Turning Point staff, and conducting Medication Re-certification training for their staff as needed</p>
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible</p> <p>40.00 per hr. rate to conduct the Map Training. Full certification training is 16hr class, Recertification training is 4hr class.</p>
Employee signature	
Date:	12/20/2019
APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE	
Name and title of appointing authority	

	Kelly Lawless, Regional Director
Office phone	978-774-5000
Office e-mail	Kelly.Lawless@MACESS.gov
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. <i>Kelly Lawless</i>
Date:	1/14/2020
APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)	
Name and title of person giving approval at the state agency that made the contract	
Office phone	
Office e-mail	
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:	

Attach additional pages if necessary.

File with:

State Ethics Commission
One Ashburton Place, Room 519
Boston, MA 02108