

20-20-7804


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

RECEIVED
STATE ETHICS COMMISSION

2020 SEP 16 AM 11:28

STATE EMPLOYEE INFORMATION	
Name of state employee:	Isoken Ighodaro
Title/ Position:	Human Service Coordinator
Agency/Department:	Department of Developmental Services
Agency Address:	255 Elm St Somerville MA 02144
Office phone:	(617) 623-5950
Office e-mail	Isoken.ighodaro@mass.gov
X	<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>
2) Service to a	

provider or organization	<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>
3) Service to a person or persons	<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> Aspire Health Alliance Executive Office of Health and Human Services </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> Providing supports to individuals with developmental disabilities residing in a residential home. </p> <p> Providing assistance to these individuals with their daily living skills </p> <p> Improving their community inclusion experience. </p> <p> Assisting the individuals in working on their person-centered goals. </p>
What will you be paid, or what other financial interest will you have?	<p> Please include a dollar amount, if possible. </p>
Employee signature	<i>Isoborn Igbedaro</i>
Date:	07/30/2020
	APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE
Name and title of appointing authority	Gail Gillespie Regional Director Metro Region
Office phone	781. 314. 7501
Office e-mail	gail.gillespie@mass.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. 
Date:	08.03.20
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 619
Boston, MA 02108