

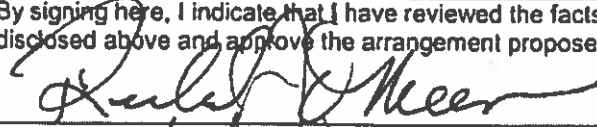


**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST  
IN A CONTRACT TO PROVIDE SOCIAL SERVICES  
PURSUANT TO 930 CMR 6.07**

STATE OF MASSACHUSETTS  
2020 MAR -9 AM 11:24

<b>STATE EMPLOYEE INFORMATION</b>	
Name of state employee:	Justin Silva
Title/ Position:	Human Service Coordinator
Agency/Department:	Department Of Developmental Service
Agency Address:	1740 Purchase St., New Bedford MA, 02740
Office phone:	508-992-1848 EXT. 305
Office e-mail	Justin.Silva@mass.gov
<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 style="padding-left: 40px;">A state agency within the following Executive Offices:</p> <p style="padding-left: 80px;">Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p style="padding-left: 80px;">Executive Office of Public Safety and Security,</p> <p style="padding-left: 80px;">Executive Office of Elder Affairs,</p> <p style="padding-left: 80px;">Executive Office of Veteran's Services, or</p> <p style="padding-left: 40px;">A sheriff's office.</p>	
<p>The purpose of the contract is:</p> <ul style="list-style-type: none"> <li>- To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or</li> <li>- To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies.</li> </ul> <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>	
<b>FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY</b>	
<b>PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.</b>	
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 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>Pride Inc 3 Maple St., Taunton MA 02780</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable. Masshealth</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>ABA/Behavior modification for a child diagnosed with Autism Spectrum Disorder</p>
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible.</p> <p>\$18/Hour</p>
Employee signature	
Date:	<p>3/2/2020</p>
APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE	
Name and title of appointing authority	<p>Richard O'Meara Regional Director</p>
Office phone	<p>508 - 846 - 8871</p>
Office e-mail	<p>RICK.O'MEARA@MASS.GOV</p>
Signature by appointing authority	<p>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.</p> 
Date:	<p>3/3/20</p>

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:	3/3/20

Attach additional pages if necessary.

File with:

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