

**DISCLOSURE BY SPECIAL STATE EMPLOYEE
OF FINANCIAL INTEREST IN A STATE CONTRACT
AS REQUIRED BY G. L. c. 268A, § 7(d)**

RECEIVED
STATE ETHICS COMMISSION

Name of special state employee:	SPECIAL STATE EMPLOYEE INFORMATION 071 MAR 18 AM 12:53 Eva T. Toscano
Put an X beside one statement.	I am a special state employee because: <input type="checkbox"/> I serve in a state position for which no compensation is provided. <input checked="" type="checkbox"/> I am not an elected official, and I earned compensation for fewer than 800 hours in the preceding 365-day period. <input type="checkbox"/> By the classification of my position by my state agency or by the terms of a contract or my conditions of employment, I am permitted to have personal or private employment during normal business hours. <input type="checkbox"/> I work for a company or organization which 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 is contracting for my services in particular, and the contract states that I am a special state employee or indicates that I meet one of the three requirements listed above.
Title/ Position	Trainer
Fill in this box if it applies to you.	If you are a special state employee because a state agency has contracted with your company or organization, please provide the name and address of the company or organization.
State Agency/ Department:	This is "my State Agency." Department of Mental Health
Agency Address:	DMH - Northeast Area 365 East St Tewksbury, MA 01876
Office phone:	I work from home - cell # 978-697-0789
Office e-mail:	I use my personal email - evatoscano@comcast.net
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a special state employee.	February 21, 2021
BOX # 1 Select either STATEMENT #1 or STATEMENT #2 .	ELECTED SPECIAL STATE EMPLOYEE I am an elected special state employee. <input type="checkbox"/> STATEMENT #1: I had a financial interest in a contract made by a state agency before I was elected to a compensated special state employee position. I will continue to have this financial interest in a state contract. <input type="checkbox"/> STATEMENT #2: I will have a new financial interest in a contract made by a state agency.

<p>Write an X by your financial interest.</p>	<p>My financial interest in a contract made by a state agency is:</p> <p><input type="checkbox"/> A compensated, non-elected position with a state agency.</p> <p><input type="checkbox"/> A contract between a state agency and myself.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a state agency has with another person or with a company or organization.</p> <p><input type="checkbox"/> Other work because a state agency has a contract with my company or organization and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state is contracting for my services in particular.</p>
<p>BOX #2</p> <p>Select either STATEMENT #1 or STATEMENT #2.</p> <p>Write an X by your financial interest.</p>	<p>NON-ELECTED SPECIAL STATE EMPLOYEE</p> <p>I am a non-elected special state employee (compensated or uncompensated).</p> <p><input type="checkbox"/> STATEMENT #1: I had a financial interest in a contract made by a state agency, other than an employment contract, before I took a non-elected, compensated special state employee position. I will continue to have this financial interest in a state contract.</p> <p>My financial interest in a contract made by a state agency is:</p> <p><input type="checkbox"/> A contract between a state agency and myself, but not an employment contract.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a state agency has with another person or with 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 contract made by a state agency is:</p> <p><input type="checkbox"/> A compensated, non-elected position with a state agency.</p> <p><input checked="" type="checkbox"/> A contract between a state agency and myself.</p> <p><input type="checkbox"/> A financial benefit or obligation because of a contract that a state agency has with another person or with a company or organization.</p> <p><input type="checkbox"/> Other work because a state agency has a contract with my company or organization and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state is contracting 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>This is the "contracting agency."</p> <p>Department of Developmental Services Central Office 500 Harrison Avenue Boston, MA 02118</p>
<p>Write an X to confirm this statement.</p>	<p><input checked="" type="checkbox"/> In my work as a special state employee for my State Agency, I do not participate in or have official responsibility for any of the activities of the contracting agency.</p>
<p>FILL IN THIS BOX OR THE NEXT BOX</p>	<p>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY AND YOU.</p> <p>- Please explain what the contract is for.</p> <p>I submitted a proposal with DDS to become a vendor specifically as a DDS Guardian.</p>

	<p>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AGENCY 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?
What is your financial interest in the state contract?	<p>- Please explain the financial interest and include the dollar amount if you know it.</p> <p>When I become a court appointed guardian for a DDS client, I will be compensated for various responsibilities on behalf of that client at a rate of \$60.00 per hour.</p>
Date when you acquired the financial interest	<p>My application with DDS is still being reviewed. I anticipate becoming a Guardian by April 1, 2021.</p>
What is the financial interest of your immediate family?	<p>- Please explain the financial interest and include the dollar amount if you know it.</p> <p>None</p>
Date when your immediate family acquired the financial interest	<p>N/A</p>
Employee signature:	<p>Erin J. Tiscano</p>
Date:	<p>3/15/21</p>

Attach additional pages if necessary.

File your completed, signed Disclosure with:
State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108