

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

RECEIVED
STATE ETHICS COMMISSION
2024 JUN 17 PM 12:17

STATE EMPLOYEE INFORMATION	
Name of state employee:	Ahmed Abou El-Dahab
Title/ Position:	Occupational Therapist II
Agency/Department:	DMH / Rehabilitation
Agency Address:	60 Hodges Ave Taunton MA, 02780
Office phone:	508-977-3033
Office e-mail	Ahmed.el-dahab@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="margin-left: 40px;">A state agency within the following Executive Offices:</p> <p style="margin-left: 80px;">Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p style="margin-left: 80px;">Executive Office of Public Safety and Security,</p> <p style="margin-left: 80px;">Executive Office of Elder Affairs,</p> <p style="margin-left: 80px;">Executive Office of Veteran's Services, or</p> <p style="margin-left: 40px;">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 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>Vinfen</p> <p>950 Cambridge Street Cambridge, Massachusetts 02141</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p> <p>Department of Mental Health</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 be providing consulting services to Vinfen group homes in the Marston Mills area. It will be on a per diem basis and not during my normal work hours (Sunday-Thursday 8:00-4:30)</p>
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible.</p> <p>\$75 an hour on a per diem basis</p>
Employee signature	
Date:	06/11/24
APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE	
Name and title of appointing authority	<p>Mary-Louise White</p> <p>Director of the Office of Inpatient Management</p>
Office phone	617-549-1324
Office e-mail	Mary-louise.white@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.

	<i>Mary-Louise White</i>
Date:	06/11/24
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.

Attach additional pages if necessary.

File with:

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