


**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST IN A STATE CONTRACT  
AND CERTIFICATION BY HEAD OF CONTRACTING AGENCY  
AS REQUIRED BY G. L. c. 268A, § 7(b)**

RECEIVED  
STATE ETHICS COMMISSION  
2024 MAY -6 AM 11:37

	<b>STATE EMPLOYEE INFORMATION</b>
Name of state employee:	Fatima A. Watt
Title/ Position	Chief Executive Officer
<b>Fill in this box if it applies to you.</b>	If you are a state employee because a state agency has contracted with your company or organization, please provide the name and address of the company or organization.
Agency/ Department	Department of Public Health/Pappas Rehabilitation Hospital for Children
Agency Address	3 Randolph Street Canton, MA 02021
Office phone:	781-830-8437
Office e-mail:	Fatima.a.watt@mass.gov
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a state employee.	10-16-2022
<b>BOX # 1</b>  <b>Select either STATEMENT #1 or STATEMENT #2.</b>  <b>Write an X beside your financial interest.</b>	<p><b>ELECTED, COMPENSATED STATE EMPLOYEE</b></p> <p>I am an elected, compensated state employee, other than a state Senator or a state Representative.</p> <p><input type="checkbox"/> <b>STATEMENT #1:</b> I had one of the following financial interests in a contract made by a state agency before I was elected to my compensated state employee position. I will continue to have this financial interest in a state contract. <b>OR</b></p> <p><input type="checkbox"/> <b>STATEMENT #2:</b> I will have a new financial interest in a contract made by a state agency.</p> <p><b>My financial interest in a state contract is:</b></p> <p><input type="checkbox"/> I have a non-elected, compensated state employee position.</p> <p><input type="checkbox"/> A state agency has a contract with me.</p> <p><input type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.</p> <p><input type="checkbox"/> I work for a company or organization that 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 has contracted for my services in particular.</p>
<b>BOX # 2</b>  <b>Select either STATEMENT #1 or STATEMENT #2.</b>	<p><b>NON-ELECTED, COMPENSATED STATE EMPLOYEE</b></p> <p>I am a non-elected, compensated state employee.</p> <p><input type="checkbox"/> <b>STATEMENT # 1:</b> I had one of the following financial interests in a contract made by a state agency before I took a position as a non-elected state employee. I will continue to have this financial interest in a state contract.</p>

<p><b>Write an X beside your financial interest.</b></p>	<p><b>My financial interest in a state contract is:</b></p> <p><input type="checkbox"/> A state agency has a contract with me, but not an employment contract.</p> <p><input type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.</p> <p>-- OR --</p> <p><input checked="" type="checkbox"/> <b>STATEMENT # 2:</b> I will have a new financial interest in a contract made by a state agency.</p> <p><b>My financial interest in a state contract is:</b></p> <p><input type="checkbox"/> I have a non-elected, compensated state employee position.</p> <p><input type="checkbox"/> A state agency has a contract with me.</p> <p><input checked="" type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.</p> <p><input type="checkbox"/> I work for a company or organization that 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 has contracted for my services in particular.</p>
<p align="center"><b>FINANCIAL INTEREST IN A STATE CONTRACT</b></p>	
<p>Name and address of state agency that made the contract</p>	<p>Department of Children and Families 600 Washington St 6th Floor Boston, MA 02111</p>
<p><b>Please put in an X to confirm these facts.</b></p>	<p><b>"My State Agency"</b> is the state agency that I serve as a <b>state employee</b>.</p> <p>The <b>"contracting agency"</b> is the <b>state agency that made the contract</b>.</p> <p><input checked="" type="checkbox"/> My State Agency is not the contracting agency.</p> <p><input checked="" type="checkbox"/> My State Agency does not regulate the activities of the contracting agency.</p> <p><input checked="" type="checkbox"/> In my work for my State Agency, I do not participate in or have official responsibility for any of the activities of the contracting agency.</p> <p><input checked="" type="checkbox"/> The contract was made after public notice or through competitive bidding.</p>
<p><b>FILL IN THIS BOX OR THE BOX BELOW</b></p>	<p><b>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND YOU.</b></p> <p>- Please explain what the contract is for.</p>
<p><b>FILL IN THIS BOX OR THE BOX ABOVE</b></p>	<p><b>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND ANOTHER PERSON OR ENTITY.</b></p> <p>- Please identify the person or entity that has the contract with the state agency. <b>Carolyn Applebury</b></p> <p>- What is your relationship to the person or entity? <b>Employee</b></p> <p>- What is the contract for? <b>Behavioral Health Services</b></p>
<p>What is your financial interest in the state contract?</p>	<p>- Please explain the financial interest and include the dollar amount if you know it.</p> <p>I will provide diagnostic assessments for patients through Applebury Behavioral Associates. I am compensated \$200/hour for approximately 10 hours per month.</p>

Date when you acquired a financial interest	3/2/2024
What is the financial interest of your immediate family?	- Please explain the financial interest and include the dollar amount if you know it. N/A
Date when your immediate family acquired a financial interest	N/A
Write an X to confirm each statement.	<p><b>FOR A CONTRACT FOR PERSONAL SERVICES --</b></p> <p><b>Answer the questions in this box ONLY if you will have a contract for personal services with a state agency (i.e., you will do work directly for the contracting agency).</b></p> <p>I will have a contract with a state agency to provide personal services.</p> <p><input type="checkbox"/> The services will be provided outside my normal working hours as a state employee.</p> <p><input type="checkbox"/> The services are not required as part of my regular duties as a state employee.</p> <p><input type="checkbox"/> For these services, I will be compensated for not more than 500 hours during a calendar year.</p>
Employee signature:	
Date:	5-2-2024

Attach additional pages if necessary.

NOT A PERSONAL SERVICES CONTRACT -- File disclosure with:

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

SEE CERTIFICATION REQUIRED FOR PERSONAL SERVICES POSITIONS, BELOW.

**FOR CONTRACTS FOR PERSONAL SERVICES ONLY:**

If you are reporting a financial interest in a contract for personal services with a state agency, then in addition to completing the disclosure above, you also must file the certificate below signed by the head of the contracting agency.

**CERTIFICATION BY HEAD OF CONTRACTING AGENCY**

	<b>INFORMATION ABOUT HEAD OF CONTRACTING AGENCY</b>
Name:	
Title/ Position	
State Agency:	
Agency Address:	
Office Phone:	
	<b>CERTIFICATION</b>
	I have received a disclosure under G.L. c. 268A, § 7(b) from a state employee who seeks to provide personal services to my state agency, identified above. I certify that no employee of my agency is available to perform the services described above as part of his or her regular duties.
Signature:	
Date:	

Attach additional pages if necessary.

File disclosure and certification with:

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