APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1

Name: Flor D. Giusti
Board/Commission Name: BCPD Workgroup on Underrepresented Professionals

PART 2

Please Check Item(s):	Exemption Requested: ☐ No (If no, check box and skip to Part 3, Signature) ☑ Yes (If yes, check box and complete rest of Part 2 and 3)

I request exemption for: ☑ Financial Interest ☐ Employment

Financial Interest	**Employment**
Name of Entity where the financial interest exists: Mental Health Association of Maryland	Employment to be Exempted: Independent Contractor JHU- Centro SOL. Consultant on topics of mental health.
Address of Entity: 1301 York Rd, #505, Lutherville, MD 21093	Your Position/Job Title: Board member
Interest to be Exempted: MHMD receives grant funding from MDH Behavioral Health A	
Current Value: ☐ Under $1,000 ☐ $1,000-$5,000 ☐ $5,000-$10,000 ☑ $10,000 or More	

Explain below why you believe you may have financial interests or an employment situation that, in the absence of an exemption, will conflict with your service on the board or commission for which appointment is being considered. You may wish to contact the State Ethics Commission for information or advice at 410-260-7770.

MHAMD is non profit organization that receives grant funding from MDH for public education, training, and oversight of public behavioral health services. MHAMD is not a direct service provider and there is no direct conflict related to the purpose of the Workgroup on Underrepresented Professionals. I

PART 3

Appointee	Signature: Flor D. Giusti	Date: 5/17/20

Mail, fax, or email this completed form to:
Kim Bennardi, Administrator
Maryland Department of Health
Office of Appointments and Executive Nominations
201 W. Preston Street, Baltimore, MD 21201
Phone: (410) 767-4049
Fax: (410) 767-6489 or 410-333-7687
Email: kim.bennardi@maryland.gov