**DISCLOSURE BY NON-ELECTED PUBLIC EMPLOYEE**
**OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE**
**AS REQUIRED BY 930 CMR 5.08(2)(d)1.**

***traveler must complete all fields highlighted in green***

| | **NON-ELECTED PUBLIC EMPLOYEE INFORMATION** |
|---|---|
| Name of **non-elected** public employee: | Dr. Christina Grant |
| Title/ Position | Member of the Board of Elementary and Secondary Education |
| Agency/Department | Board of Education |
| Agency Address: | 135 Santilli Highway, Everett, MA 02149 |
| Office phone: | [redacted] |
| Office e-mail: | [redacted]@gmail.com / christina.grant3@mass.gov please copy both emails |
| **Write an X to confirm each statement.** | I am filing this disclosure because:<br><br>__X__ I am going to engage in an activity that serves a legitimate public purpose, i.e., it is intended to promote the interests of the Commonwealth, a county or a municipality; and<br><br>__X__ A non-public entity (but not a lobbyist) has offered to reimburse, waive or pay travel expenses and costs worth more than $50. |
| | **ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE** |
| Describe the activity which is the reason for traveling: | Leveraging Apprenticeships to Expand Opportunities: An Oxford Symposium |
| Describe your participation in the activity: | Invited attendee/ Approved by Board Chair Katherine Craven to proceed with state approval. |
| Date, time and location of activity: | 8/16/2026 – 8/22/2026; Oxford University, UK |
| Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality: | Participation will support Massachusetts' priorities related to college and career readiness, workforce development, and economic mobility. The convening focuses on expanding apprenticeship and career pathway systems in high-need sectors aligned with current workforce needs in the Commonwealth. Participation will provide an opportunity to engage with national and international education and workforce leaders on strategies related to talent pipelines, employer partnerships, and career-connected learning. Insights gained may help inform future statewide initiatives and partnerships. |

| | **TRAVEL EXPENSES** |
|---|---|
| Identify the person or organization that offered to reimburse, waive or pay your travel expenses. | Craft Education<br>Hudson Baird (hudson.baird@crafteducation.com) |
| Address of person or organization. | https://www.crafteducation.com/<br>4001 S 700 E, Suite 700, Salt Lake City, Utah 84107 |
| **Provide information in as much detail as possible:** | ***Itemization and explanation of amounts offered:*** |
| Transportation: | N/A |
| Lodging: | Hotel = **$1,425.00** ***137.5 pounds/night - five nights at current exchange rate*** |
| Meals: | **Included w/ event = $327.50**<br>Mon 8/17 (dinner)<br>Tues 8/18 (breakfast & lunch)<br>Weds 8/19 (breakfast & lunch)<br>Thurs 8/20 (breakfast, lunch & dinner)<br>Friday 8/21 (Breakfast and Lunch) |
| Admission: | N/A |
| Other (please list): | Activity = **$50.00** |
| Total: | **$1,802.50** |
| **Write an X beside any statement that applies.** | _X_ **I have attached the relevant itinerary.**<br><br>_X_ **I have attached the relevant agenda.** |
| Employee signature: X |  |
| Date: | 5/15/2026 |

**Attach additional pages if necessary.**

**Complete the disclosure and submit it to your appointing authority.**

# DETERMINATION BY APPOINTING AUTHORITY

| | APPOINTING AUTHORITY INFORMATION |
|---|---|
| Name of Appointing Authority: | Maura Healey (by Chief of Staff Kate Cook) |
| Title/ Position: | Governor |
| Agency/ Department | Office of the Governor |
| Agency Address: | State House, Room 360, Boston, MA |
| Office Phone: | (617) 724-4000 |
| Office E-mail: | |
| Employee who filed the disclosure: | Christina Grant |
| | **DETERMINATION** |
| **To give approval, check off both statements.** | Upon consideration of the facts disclosed by the employee above, I find that:<br>_x__ The employee's attendance at the event will serve a legitimate public purpose i.e., it will promote the interests of the Commonwealth, a county or a municipality; AND<br>_x__ Such public purpose outweighs any special non-work related benefit to the employee or the person paying or waiving expenses related to the event. |
| Reason that the employee's travel or attendance will serve a legitimate public purpose: | As stated in the disclosure. |
| Appointing Authority signature: | Kate Cook |
| Date: | 7/24/24 |

**Attach additional pages if necessary.**

**The appointing authority should maintain the disclosure as a public record and give a copy of any signed determination to the employee.**