

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

NON-ELECTED PUBLIC EMPLOYEE INFORMATION	
Name of non-elected public employee:	Marlene Clapp
Title/ Position	SUCCESS Assistant Director of Research and Evaluation
Agency/ Department	Massachusetts Association of Community Colleges (MACC)
Agency address:	1 Massasoit Blvd., Brockton MA 02302
Office phone:	617-936-4593
Office e-mail:	clappm@macc.mass.edu
Write an X to confirm each statement.	I am filing this disclosure because: ☐ 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 ☒ 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.	I have been invited to attend a convening organized by the Institute for Higher Education Policy (IHEP) that will bring together researchers, practitioners, and policy experts for a day of focused discussion and interactive sessions about advancing student experience and belonging in a rapidly changing higher education system.
Describe your participation in the activity.	IHEP expects that participants will exchange ideas, surface promising strategies, and identify concrete paths forward for elevating student experience and belonging as a core student success strategy.
Date, time and location of activity.	Wednesday evening, May 27th, 2026, through Thursday evening, May 28th, 2026, in Washington, DC (note: I will be staying the duration of Friday at my own expense and meeting a colleague, returning on Saturday morning).
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	In my role with MACC, I provide oversight for research activities of the Supporting Urgent Community College Equity through Student Services (SUCCESS) initiative. Student sense of belonging is one of the leading indicators tracked for the initiative. We are currently in the middle of a pilot project to measure student sense of belonging among the community colleges. Insights gained from attending the convening will continue to inform our assessment efforts, and, in turn, improvements to enhance student sense of belonging.

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 STATE ETHICS COMMISSION
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	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	The Institute for Higher Education Policy (IHEP) is organizing the convening with support by the Raikes Foundation. IHEP is a nonpartisan, nonprofit organization. The Raikes Foundation is a 501(c)(3) private foundation.
Address of person or organization.	IHEP 1615 L Street, NW, Suite 310 Washington, DC 20036 Phone: 202-861-8223 The Raikes Foundation 2157 N. Northlake Way, #220 Seattle, WA 98103 Phone: 206-801-9500
Provide information in as much detail as possible:	<i>Itemization and explanation of amounts offered:</i>
Transportation:	<i>Air, train, bus, and taxi fare and rental car hire, etc.</i> Airfare: \$434.00 Bus between home and airport: \$75.00 Taxi fare between airport and hotel: \$100
Lodging:	<i>Overnight accommodations.</i> \$179/night for two nights (\$358 total)
Meals:	<i>Breakfast, lunch, dinner, special events.</i> Wednesday (travel day): \$69 daily limit Thursday (all meals but dinner provided at the convening): • Breakfast: \$40 (per person value) • Morning break: \$21 (per person value) • Lunch: \$72 (per person value) • Dinner: \$92 (limit)
Admission:	<i>Registration, admission, tickets, etc.</i> No registration/admission fee
Other (please list):	<i>Refreshment, instruction, materials, entertainment, etc.</i> Not applicable
Total:	\$1,261 (estimated)
Write an X beside any statement that applies.	☒ X I have attached the relevant itinerary. ☒ X I have attached the relevant agenda.

Employee signature:	
Date:	4/17/2026

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:	Nate Mackinnon
Agency and Title/Position:	Massachusetts Association of Community Colleges (MACC) Executive Director
Agency address:	1 Massasoit Blvd., Brockton MA 02302
Office phone:	617-542-2911
Employee who filed the disclosure:	Marlene Clapp
DETERMINATION	
To give approval, check <u>both</u> statements.	Upon consideration of the facts disclosed by the employee above, I find that: ☐ Acceptance of the reimbursement, waiver or payment of travel expenses will serve a legitimate public purpose, i.e., it will promote the interests of the Commonwealth, a county or a municipality; AND ☒ Such public purpose outweighs any special non-work related benefit to the employee or the person providing the reimbursement, waiver or payment.
Reason that the employee's travel or attendance will serve a legitimate public purpose:	This activity will enhance statewide student success initiatives by informing research and strategies to improve student experience and belonging across Massachusetts community colleges.
Appointing Authority signature:	
Date:	4/29/2026

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.