

# **ADDENDUM**

Wallace Community College Selma  
3000 Earl Goodwin Parkway  
Selma, Alabama 36701

## **Invitation to Bid**

**Bid Number: 1101**

Wallace Community College Selma  
3000 Earl Goodwin Parkway  
Selma, Alabama 36701

## **Invitation to Bid**

### **Contractor Services for Painting and Remodeling:**

**THE HEALTH SCIENCE BUILDING (PAINTING)  
ADMINISTRATION BUILDING (CAFETERIA)  
ADMINISTRATION BUILDING (RESTROOM)  
MAINTENANCE SHOP (RESTROOM)  
TRANSPORTATION SHOP (RESTROOM)  
WELDING SHOP #1 (RESTROOM)  
WELDING SHOP #2 (RESTROOM)  
INDUSTRIAL MAINTENANCE BLDG. (RESTROOM)  
MASONRY SHOP (RESTROOM)**

See changes to original bid. Vendors must sign this document certifying they are aware of changes as indicated.

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Vendor Signature/Date

# ADDENDUM (Original Page 1)

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3000 Earl Goodwin Parkway  
Selma, Alabama 36701

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**Bid Number: 1101**

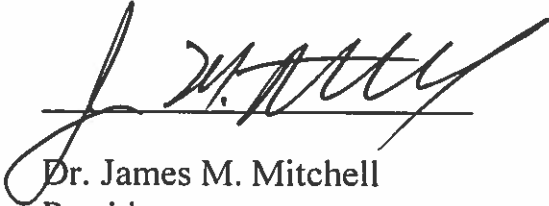
**Bid Opening Date and Time**  
~~January 17, 2019 at 10:00am~~  
**March 11, 2019**

**Bids received after this date and time will not be accepted**

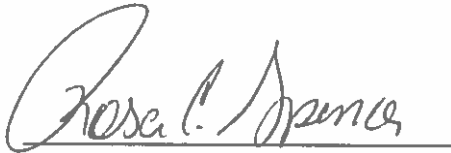
(Original Page 2)

**Submit Sealed Bids To:**

The Office of Business and Finance  
Attention: Dr. Rosa Spencer, Acting Dean of Business and Finance  
3000 Earl Goodwin Parkway  
Hank Sanders Technology Center  
P. O. Box 2530

A handwritten signature in black ink, appearing to read "J. M. Mitchell", written over a horizontal line.

Dr. James M. Mitchell  
President  
Wallace Community College Selma

A handwritten signature in black ink, appearing to read "Rosa C. Spencer", written over a horizontal line.

Dr. Rosa Spencer  
Acting Dean of Business and Finance  
Wallace Community College Selma

(Original Page 6)

Bidders and any other interested individuals are invited to attend the bid opening.

~~All Potential bidders must attend a pre-bid conference.~~ Potential bidders that attended the pre-bid conference on January 3, 2019 are **NOT** required to attend the March 4, 2019 conference. The College reserves the right to reject any bid where the vendor failed to attend the pre-bid Conference.

**Pre-Bid Conference Information:**

**Contact person:** Keith Jackson  
334-876-9238  
Keith.jackson@wccs.edu

**Location:** WCCS – Hank Sanders Technology Center  
1<sup>st</sup> Floor Conference Room  
3000 Earl Goodwin Parkway  
Selma, AL 36703

**Time:** 10:00am  
**Date:** January 3, 2019  
March 4, 2019

**REMODELING SERVICE SPECIFICATIONS  
SCOPE (Original Page 10)**

Furnish all labor, equipment and supplies to perform the Remodeling services as outlined in the specifications listed in this document.

Labor, equipment and supplies shall be used at the following locations: Health Science Building, Administration Building, Industrial Maintenance, Maintenance Shop, and Masonry shops all located at 3000 Earl Goodwin Parkway, Selma, AL 36701.

**GENERAL**

It is the intent of these specifications that the contractor is to provide the labor, equipment and supplies needed to perform the work as scheduled to remodel the school cafeteria kitchen and dining area, paint two common area hallways on the 1<sup>st</sup> & 2<sup>nd</sup> floor of the Health Science Building and remodel seven (7) bathrooms. The paint colors and tile selections for the cafeteria and Health Science Building will be provided in advance by the college. Bathroom renovations will mimic restrooms in the Administration Building to include paint colors, faucets, sinks, toilets and partitions.

The contractor shall provide a schedule and phased time frame breakdown of remodeling.

**Cafeteria**                    **Start/Finish Date by Phase (60-day start-to-finish to be coordinated with cafeteria vendor) Contractor will forfeit liquidated damages of the cafeteria on a per day basis for unexcused delays in meeting substantial completion date (60-days). Liquidated damages will be deducted from the final and completion payment. Circumstances as a result of WCCS and weather are excused delays.**

**Restrooms**                **Start/Finish Date by Phase**

**Painting**                    **Start/Finish Date by Phase**

*Awarded contractor must be able to start work on ~~February 1, 2019~~ April 1, 2019. Cafeteria substantial completion date will be negotiated +/- 60 days from ~~February 1, 2019~~ April 1, 2019.*

**SCHEDULE OF WORK**

The contractor shall furnish sufficient labor, equipment and supplies to perform the Remodeling work as scheduled, using the methods, materials, and equipment as further outlined in these specifications.

## REMODELING SERVICES DEFINED (Original Page 13)

### Cafeteria

#### Kitchen and dining room renovation

1. New kitchen floor tile
  2. Kitchen interior wall painting
  3. ~~Replace kitchen grease trap pipe~~
  4. ~~Replace kitchen stove ventilation system~~
  5. New Storage room shelving for kitchen
  6. Change Mop station in kitchen
  7. Replace kitchen Restroom sinks, toilets and tile
  8. Replace kitchen lights with LED lighting
  9. New dining room tile
  10. Dining room interior wall painting
  11. Dining room ceiling tile replacement
  12. Replace dining room lights with LED lighting
- (see remodeling specifications scope: General)*

### Restrooms

#### Welding #1 (1 Men's/1 Women's)

1. New floor and wall tile
2. New sinks and commodes
3. New toilet partitions
4. Paint Restroom interior walls

#### Welding #2 (1 Restroom Unisex)

1. New floor and wall tile
2. New sinks and commodes
3. New toilet partitions
4. Paint Restroom interior walls

#### Administration Building (1 Faculty Restroom Unisex)

1. New floor and wall tile
2. New sinks and commodes
3. New toilet partitions
4. Paint Restroom interior walls

## WALLACE COMMUNITY COLLEGE SELMA

OFFICE OF FACILITIES & PUBLIC SAFETY

DR. JAMES M. MITCHELL  
PRESIDENT

DR. ROSA C. SPENCER  
ACTING DEAN OF  
BUSINESS AND FINANCE

Dear Sir or Madam:

Wallace Community College Selma is mandated by the Alabama Department of Revenue to ensure that any vendor(s) the college does business with is appropriately registered to collect and remit sales, use and lease tax as required by the Alabama Department of Revenue.

The Code of Alabama act number. 2006-557 states "each vendor, contractor, or affiliate of a vendor or contractor that is offered a contract to do business with Wallace Community College Selma shall be required to certify that the vendor or affiliate is appropriately registered to collect and remit sales, use, and lease tax as required by this section and submit to that state department of agency certification required by the Alabama Department of Revenue.

Therefore, to ensure prompt payment please complete the attached forms and return to Wallace Community College Selma.

Respectfully Submitted,



Dr. Rosa Spencer  
Acting Dean of Business & Finance

# SALES TAX CERTIFICATION

I, \_\_\_\_\_, certify that \_\_\_\_\_ is  
(Name/Company's representative) (Company's name)

appropriately registered to collect and remit sales, use, and lease tax as required by the Alabama Department of Revenue.

**STATE OF ALABAMA CERTIFICATE NUMBER:** \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

**\*\*\*This document must be completed, notarized and returned as a part of your official bid package.**



## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>																																									
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For Individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																									
<b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin-bottom: 10px;"> <tr><td colspan="10" style="text-align: center;">Social security number</td></tr> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table> <table border="1"> <tr><td colspan="10" style="text-align: center;">Employer identification number</td></tr> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table>	Social security number																				Employer identification number																			
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<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none"> <li>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</li> <li>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</li> <li>3. I am a U.S. citizen or other U.S. person (defined below), and</li> <li>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol>	
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



## **WALLACE COMMUNITY COLLEGE SELMA**

*Office of Business & Finance*

**Dr. James M. Mitchell**  
*President*

**Jacqueline Smith**  
*Dean of Business & Finance*

### **ALABAMA IMMIGRATION LAW COMPLIANCE**

As you may know, the State of Alabama passed new legislation effective January 1, 2012 requiring anyone receiving state monies to verify they are in compliance with the new immigration law. This legislation requires us to hold payment of services rendered on or after January 1, 2012 until proper verification has been obtained.

- If you are a **business** that is paid directly by Wallace Community College Selma, please complete the Affidavit of Alabama Immigration Law Compliance, an E-Verify Memorandum of Understanding ([www.uscis.gov/everify](http://www.uscis.gov/everify)), and a signed Alabama Immigration Law Compliance contract and return to us.
- If you have subcontractors that you employ, you are also required to obtain an Affidavit of Alabama Immigration Law Compliance from them and keep on file at your establishment.

There are several pages included in this packet, including a memorandum further explaining the law. Please take a few moments and look over this information completely. If you have any questions regarding this, please feel free to contact (334) 876-9246. Otherwise, please fill out the appropriate information and return to us as soon as possible in order to insure no disruption in payment. You may return the information by mail – Wallace Community College Selma, C/O Business Office, P.O. Box 2530, Selma, AL 36702-2530.

## MEMORANDUM

TO: Vendors, Contractors and Grantees

FROM: Wallace Community College Selma

RE: H.B. 56-Alabama Immigration Law Compliance

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The purpose of this Memorandum is to direct your prompt attention to Alabama Immigration Law Compliance flow-down requirements that went into effect on January 1, 2012. Those are discussed herein and can be summarized as follows:

1. PROVIDE Wallace Community College Selma proof that you are in compliance with the immigration law by timely submitting a notarized Affidavit of Alabama Immigration Law Compliance and an E-Verify Memorandum of Understanding.
2. PROVIDE Wallace Community College Selma a signed Alabama Immigration Law Compliance Contract in the attached Notice form provided;
3. PROVIDE your subcontractors notice of their compliance obligations and OBTAIN from each a notarized Affidavit of Alabama Immigration Law Compliance-SUBCONTRACTOR.

The requirements above are a condition for the award of any contract, grant, or incentive by the State of Alabama, any political subdivision thereof, or any state-funded entity to a business entity or employer that employs one or more employees working in the State of Alabama. As a Contractor of a Grantee, if you believe these obligations do not apply to you, please notify the Institution immediately.

For your convenience, we have included for your use a sample AFFIDAVIT OF ALABAMA IMMIGRATION LAW COMPLIANCE-CONTRACTOR AND GRANTEEES. Please complete, notarize, and return a copy to Wallace Community College Selma along with your attached E-VERIFY MEMORANDUM OF UNDERSTANDING. See ALA. CODE 31-31-9 ( c ).

You are to obtain from your subcontractors a notarized AFFIDAVIT OF ALABAMA IMMIGRATION LAW COMPLIANCE-SUBCONTRACTOR. You are required to maintain your subcontractors' affidavits at your offices. These documents will be subject to audit. You may provide a copy of this Memorandum with your notarized memorandum to your subcontractors as an explanation for this mandatory requirement.

Finally, you will find a NOTICE OF ALABAMA IMMIGRATION LAW COMPLIANCE REQUIREMENTS TO ALL CONTRACTS ("CONTRACTORS") OF ACCS Institutions for execution by contractors and to be returned to Wallace Community College Selma. To the extent

that there is no formal written contract between a contractor and Wallace Community College Selma, such as where business is conducted by purchase order, this document shall serve as your Alabama Immigration Law Compliance Contract. Similar language will also be in contractual agreements or grant documents with Wallace Community College Selma.

**Notice of Alabama Immigration Law Compliance Requirements  
to all Contractors of ACCS INSTITUTIONS**

As a contractor, as defined in the Act, to an ACCS institution , it is critical to your relationship (future or continuing) with the institution that you comply with the Immigration Reform and Control Act of 1986, as amended by the Immigration Act of 1990, and the Beason- Hammon Alabama Taxpayer and Citizen Protection Act. Accordingly, please provide your Affidavit of Alabama Immigration Law Compliance with attached E-Verify Memorandum of Understanding, as requested in the attached memorandum. If you do not believe these obligations apply to you, please notify the Institution immediately.

Every contract entered into by Wallace Community College Selma, with a contractor will contain the following clause or one substantially similar:

**Alabama Immigration Law Compliance Contract:** Contractor agrees that it will fully comply with the Immigration reform and Control Act of 1986, as amended by the Immigration Act of 1990, and the Beason-Hammon Alabama Taxpayer and Citizen Protection Act, which makes it unlawful for an employer in Alabama to knowingly hire or continue to employ an alien who is or has become unauthorized with respect to such employment or to fail to comply with the I-9 requirement or fails to use E-Verify to verify the eligibility to legally work in the United States for all of its new hires who are employed to work in the State of Alabama. Without limiting the foregoing, Contractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien, and shall have an officer or other managerial employee who is personally familiar with the contractor's hiring practices to execute an affidavit to this effect on the form supplied by the Institution and return to the same Institution. Contractor shall also enroll in the E-Verify Program prior to performing any work, or continuing to perform any ongoing work, and shall remain enrolled throughout the entire course of its performance hereunder, and shall attach to its affidavit the E-Verify Program for Employment Verification and Memorandum of Understanding and such other documentation as the Institution may require to confirm Contractor's enrollment in the E-Verify Program. Contractor agrees not to knowingly allow any of its subcontractors, or any other party with whom it has a contract, to employ in the State of Alabama any illegal or undocumented aliens to perform any work in connection with the project, and shall include in all of its contracts a provision substantially similar to this paragraph. If Contractor receives actual knowledge of the unauthorized status of one of its employees in the State of Alabama, it will remove that employee from the project, jobsite or premises of the Institution and shall comply with the Immigration Reform and Control Act of 1986, as amended by the Immigration Act of 1990, and the Beason- Hammon Alabama Taxpayer and Citizen Protection Act. Contractor shall require each of its subcontractors, or other parties with whom it has a Contract, to act in a similar fashion. If Contractor violates any term of this provision, this

Agreement will be subject to immediate termination by the Institution. To the fullest Extent permitted by law, Contractor shall defend, indemnify and hold harmless the Institution from any and all losses, consequential damages, expenses (including, but not limited to, attorneys' fees), claims, suits, liabilities, fines, penalties, and any other costs arising out of or in any way related to Contractor's failure to fulfill its obligations contained in this paragraph.

To the extent that there is no formal written contract between Wallace Community College Selma and the contractor, such as where business is conducted by purchase order, this document shall serve as the Alabama Immigration Law Compliance Contract.

Alabama Immigration Law Compliance Contract Notice Acknowledged and Agreed by Contractor whose name appears below:

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Contractor Officer or Owner Signature/ Date

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Print Name/ Title/ Company

Please execute and return to Wallace Community College Selma within the next 10 days.

AFFIDAVIT OF ALABAMA IMMIGRATION LAW COMPLIANCE BY  
A CONTRACTOR OR GRANTEE TO ACCS INSTITUTIONS  
AND/OR BOARD OF TRUSTEES OF THE ACCS

In compliance with SECTIONS 9 (a) and (b) BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (the "Act" ); CODE OF ALABAMA, SECTIONS 31-13-9 (a) and (b), this Affidavit of Alabama Immigration Law Compliance is to be completed and signed by an officer or owner of a contractor or grantee and notarized, as a condition for the award of any contract by an ACCS Institution to an employer that employs one or more employees in the State of Alabama or funds from any political subdivision of the State of Alabama, or any public- funded entity ( including an ACCS Institution). Contractors and Grantees are to provide notice to their Subcontractors of their Alabama Immigration Law Compliance obligations.

State of Alabama:

County of \_\_\_\_\_ :

Before me, a notary public, personally appeared \_\_\_\_\_ (print name) who, is duly authorized by the business entity/ employer which appears below, being sworn, says as follows:

As a condition for being a contractor or grantee on a project paid for by contract, grant, or incentive by the State of Alabama, or any political subdivision thereof, or any state-funded entity, I hereby attest that in my capacity as \_\_\_\_\_ (your position) for \_\_\_\_\_ (name of contractor or grantee), said Contractor or Grantee does not knowingly employ, hire for employment, or continue to employ an unauthorized alien. Further, Contractor or Grantee affirms that it is providing notice to its subcontractors of their Alabama Immigration Law Compliance obligations.

I further attest that said Contractor or Grantee is enrolled in the E-Verify program and attached to this Affidavit is our E- Verify Memorandum of understanding confirming such program enrollment. I have read the Affidavit and swear and affirm that it is true and correct.

\_\_\_\_\_  
Signature of Affiant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.  
I certify that the affiant is known ( or made known) to me to be the identical party he or she claims to be .

\_\_\_\_\_  
Signature and Seal of the Notary Public

To be returned to Wallace Community College Selma



# State of Alabama Disclosure Statement

Required by Article 3B of Title 41, Code of Alabama 1975

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

This form is provided with:

Contract     Proposal     Request for Proposal     Invitation to Bid     Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

Yes     No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes     No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY



2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS

***By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary's Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Notary Expires \_\_\_\_\_

*Article 3B of Title 41, Code of Alabama 1975 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.*