

State of Alabama Disclosure Statement

Required by Article 3B of Chapter 16 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 Agency/Department in the current or last fiscal year? Yes No If yes, identify below the State Agency/Department that received the vided, and the amount received for the provision of such goods or s	goods or services, the type(s) of goods or services previously pro-
STATE AGENCY/DEPARTMENT TYPE OF GOO	DS/SERVICES AMOUNT RECEIVED
Have you or any of your partners, divisions, or any related business Agency/Department in the current or last fiscal year? Yes No	
If yes, identify the State Agency/Department that awarded the grant STATE AGENCY/DEPARTMENT DATE GRAN	the date such grant was awarded, and the amount of the grant. AMOUNT OF GRANT
DATE OF A STATE OF A S	AMOUNT OF GRANT
List below the name(s) and address(es) of all public officials/publ any of your employees have a family relationship and who may Identify the State Department/Agency for which the public officials.	directly personally benefit financially from the proposed transaction.
NAME OF PUBLIC OFFICIAL/EMPLOYEE ADD	RESS STATE DEPARTMENT/AGENCY

NAME OF			NAME OF PUBLIC OFFICIAL	STATE DEPARTMENT/
FAMILY MEMBER	ADDRESS		PUBLIC EMPLOYEE	AGENCY WHERE EMPLOYED
-	items one and/or two above, descr nd/or their family members as the r onal sheets if necessary.)			- · · · · · · · · · · · · · · · · · · ·
public official or public employ	ndirect financial benefits to be gain			
additional sheets if necessary	-,			
ist below the name(s) and a proposal, invitation to bid, or g	address(es) of all paid consultants	and/or lob	obyists utilized to obtain the	contract, proposal, request fo
NAME OF PAID CONSULTANT/LOE	BBYIST	ADDRESS		
to this form are true and co article shall be subject to c	nder penalty of perjury (in the jui orrect to the best of my knowled civil penalty in an amount of te , to be deposited in the State G	ge. I furthe n thousand	r understand that a person d dollars (\$10,000), or 10 p	who knowingly violates this percent of the amount of the

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

solicitation procedures for awarding public contracts.