

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, SERVICE	ES, OR IS RESPONSIBLE FOR GRANT AWARD
ADDRESS	
CITY, STATE, ZIP	TELEPHONE NUMBER
This form is provided with:	
	est for Proposal Invitation to Bid Grant Proposal
Agency/Department in the current or last fiscal years. Yes No If yes, identify below the State Agency/Department.	nt that received the goods or services, the type(s) of goods or services previously pro
vided, and the amount received for the provision	of such goods or services.
STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES AMOUNT RECEIVED
Agency/Department in the current or last fiscal years. Yes No	any related business units previously applied and received any grants from any State ear? awarded the grant, the date such grant was awarded, and the amount of the grant.
STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED AMOUNT OF GRANT
any of your employees have a family relations	public officials/public employees with whom you, members of your immediate family, on the proposed transaction the public officials/public employees work. (Attach additional sheets if necessary.)
NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS STATE DEPARTMENT/AGENCY

NAME OF	additional sheets if necessary.)	NAME OF PUBLIC OFFICIA	AL/ STATE DEPARTMENT/
FAMILY MEMBER	ADDRESS	PUBLIC EMPLOYEE	AGENCY WHERE EMPLOYED
If you idensified in dividuals is	n itana ana and kartus ahawa da		
	and/or their family members as th	scribe in detail below the direct financi ne result of the contract, proposal, requ	
	oyee as the result of the contract,	ained by any public official, public emp, proposal, request for proposal, invitat	
List below the name(s) and posal, invitation to bid, or gr		ts and/or lobbyists utilized to obtain the	e contract, proposal, request for pro-
NAME OF PAID CONSULTANT/L	OBBYIST	ADDRESS	
to the best of my knowled	ge. I further understand that a	ury that all statements on or attache civil penalty of ten percent (10%) of t incorrect or misleading information.	
Signature		Date	
Notary's Signature		Date	Date Notary Expires

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

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.