EXHIBIT E

STATE OF ALABAMA

Disclosure Statement

(Required by Act 2001-955)



|  |  |  |
| --- | --- | --- |
| ENTITY COMPLETING FORM |  |       |
|  |  |  |
| ADDRESS |  |       |
|  |  |  |  | TELEPHONE NUMBER |
| CITY, STATE, ZIP |  |       |  | (     )      -      |
|  |  |

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

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| --- |
|       |

 ADDRESS

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|       |

CITY, STATE ZIP TELEPHONE NUMBER

|  |  |  |
| --- | --- | --- |
|       |  | (     )      -      |
|  |

This Form is provided with:

    

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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?

 

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 receive any grants from any State Agency/Department in the current or last fiscal year?

 

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 |
|  |  |  |  |  |
|       |  |       |  |       |
|       |  |       |  |       |
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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 |
|  |  |  |  |  |
|       |  |       |  |       |
|       |  |       |  |       |
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|  |  |  |  |  |

***OVER***

EXHIBIT E (CONTINUED)

1. 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 our 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 on 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.)

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|       |

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.)

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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 |

*Act 2001-955 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.*