

## State of Alabama

## **Disclosure Statement**

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

ENTITY COMPLETING FORM	
Academic Technologies Inc	
ADDRESS	
209B Industrial Drive	
CITY, STATE, ZIP TELEPHONE NUMBER	
Ridgeland MS 39157 601-427-3587	
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD	
Alabama Community College System	
135 South Union St CITY, STATE, ZIP TELEPHONE NUMBER	
Montgomery, AL 36130 (334) 293-4500	
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 goo 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 vided, and the amount received for the provision of such goods or services.	previously pro-
STATE AGENCY/DEPARTMENT TYPE OF GOODS/SERVICES AMOUNT REC	EIVED
Mobile County Emergency Mgmt Audio Visual Equipment \$444,401	
	0
Have you or any of your partners, divisions, or any related business units previously applied and received any grants Agency/Department in the current or last fiscal year?	from any State
☐ 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
List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immeany of your employees have a family relationship and who may directly personally benefit financially from the proposition of the State Department/Agency for which the public officials/public employees work. (Attach additional sheets in	ed transaction.
NAME OF PUBLIC OFFICIAL/EMPLOYEE ADDRESS STATE DEPAR	RTMENT/AGENCY

immediate family, or any of your e proposed transaction, Identify the employees work. (Attach additional	public officials/public em	y relationship and who nployees and State Dep	may directly personally artment/Agency for which	benefit financially from the the public officials/public
NAME OF FAMILY MEMBER	ADDRESS		F PUBLIC OFFICIAL/ BLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
				<del></del>
If you identified individuals in items o officials, public employees, and/or the grant proposal. (Attach additional she	eir family members as th	escribe in detail below the result of the contract	ne direct financial benefit, proposal, request for pr	t to be gained by the public roposal, invitation to bid, or
Describe in detail below any indirect public official or public employee as t additional sheets if necessary.)	financial benefits to be g he result of the contract	gained by any public offi , proposal, request for p	cial, public employee, an proposal, invitation to bid	d/or family members of the , or grant proposal. (Attach
		-	- 24	
	1			,
×				
List below the name(s) and address( posal, invitation to bid, or grant propo		ts and/or lobbyists utiliz	ed to obtain the contract	, proposal, request for pro-
NAME OF PAID CONSULTANT/LOBBYIST		ADDRESS		
By signing below, I certify under or to the best of my knowledge. I furt to exceed \$10,000.00, is applied for	her understand that a c	civil penalty of ten per	cent (10%) of the amou	int of the transaction, not
Dec 20		, ,	green.	DONNA M DOVE
Signature 7		2/14/19 Date		
( in ()		alula		ID No. 105433 COMM. EXPIRES MAY 13, 2021
Notary's Signature		Date		Alexander plies

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your

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.