

State of Alabama

Disclosure Statement

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

ENTITY COMPLETING FORM		
Computer Support Systems, Inc.		
3418 Hooper Lane, SE		
CITY, STATE, ZIP		TELEPHONE NUMBER
Decatur, AL 35603		256-355-5973
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, S	SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD	
Alabama Community College System		
ADDRESS		
135 South Union Street Suite #158		THE PRIVATE AND SOCIO
CITY, STATE, ZIP		TELEPHONE NUMBER
Montgomery, AL 36130-2100		
This form is provided with: Contract Proposal F	Request for Proposal Invitation to Bid	Grant Proposal
Agency/Department in the current or last fisc	or any related business units previously perform cal year?	ed work or provided goods to any State
✓ Yes		
	rtment that received the goods or services, the typ	be(s) of goods or services previously pro-
vided, and the amount received for the provi	sion of such goods of services.	
STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
University of Alabama Huntsville	Communications infrastructure installation	\$120,122.10
Calhoun Community College	Communications infrastructure installation	\$ 13,200.00
Have you at 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 fisc		cina rocorroa any granta mana any ara-
	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
any of your employees have a family rela	of all public officials/public employees with whom yestionship and who may directly personally benefit to which the public officials/public employees work.	inancially from the proposed transaction.
NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY

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 UBLIC OFFICIAL/ STATE DEPARTMENT/ FAMILY MEMBER ADDRESS PUBLIC EMPLOYEE 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.)
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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.)
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.
3/7/19 Signature Date
Legistry's Signature 3/7/2019 01/09/2023 Date Notary Expires
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2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your