

## State of Alabama

## **Disclosure Statement**

(Required by Act 2001-955)

ENTITY COMPLETING FORM Howard Technology Solutions, a division of	f Howard Industries, Inc.	
ADDRESS	<u> </u>	
P O Box 1590		
CITY, STATE, ZIP		TELEPHONE NUMBER
Laurel, MS 39441		( 888 ) 912.3151
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICE	S, OR IS RESPONSIBLE FOR GRANT AWARD	,
Alabama Community College System		
135 South Union Street, Suite 137		
CITY, STATE, ZIP		TELEPHONE NUMBER
Montgomery, AL 36104		( )
This form is provided with:		
Contract Proposal Reque	st for Proposal Invitation to Bid	Grant Proposal
Have you or any of your partners, divisions, or an Agency/Department in the current or last fiscal year.  Yes No If yes, identify below the State Agency/Department vided, and the amount received for the provision of	ar? t that received the goods or services, the	
STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
Athens State University	Desktops and Monitors	\$3,965.00
Troy University	Software Renewals	\$39,045.75
Jefferson Davis Community College	Network Equipment	\$24,617.00
Have you or any of your partners, divisions, or ar Agency/Department in the current or last fiscal year.  Yes No If yes, identify the State Agency/Department that a STATE AGENCY/DEPARTMENT	ar?	
List below the name(s) and address(es) of all prany of your employees have a family relationsh Identify the State Department/Agency for which NAME OF PUBLIC OFFICIAL/EMPLOYEE  Not Applicable	ip and who may directly personally bene	efit financially from the proposed transaction.

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 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 STATE DEPARTMENT/ FAMILY MEMBER ADDRESS PUBLIC EMPLOYEE AGENCY WHERE EMPLOYED
Not Applicable
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.)
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
Not Applicable
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.
Rebuch Dearman 2/12/19

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts or grand proposals to the State of Alabama in excess of \$5,000.