Attachment D



## State of Alabama

## Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM		
TSA, Inc.		
ADDRESS 3821 Lorna Road, Suite 100		
CITY, STATE, ZIP		TÉLEPHONE NUMBER
Hoover, AL 35244		( 205 ) 421-4934
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES,	OR IS RESPONSIBLE FOR GRANT AWARD	
Alabama Community College System		
ADDRESS 135 South Union Street, Suite 135		
Montgomery, AL 36104		TELEPHONE NUMBER (334 ) 293-4605
This form is provided with:		
	for Proposal Invitation to Bid	Grant Proposal
Have you or any of your partners, divisions, or any Agency/Department in the current or last fiscal year?  Yes No If yes, identify below the State Agency/Department to vided, and the amount received for the provision of s	nat received the goods or services, the typ	
STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
Various State, Local, and K12 Agencies	IT Equipment as awarded by AL De	pt of \$4 Million +
	Finance - Purchasing Division & AL	SDE
	via various contracts and ITB's	
Have you or any of your partners, divisions, or any Agency/Department in the current or last fiscal year?  Yes  No  If yes, identify the State Agency/Department that aw		, ,
STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
List below the name(s) and address(es) of all pub.	ic officials/public employees with whom yo	u, members of your immediate family, o
any of your employees have a family relationship Identify the State Department/Agency for which the	and who may directly personally benefit fi	nancially from the proposed transaction
NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY
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## Attachment D (Cont'd)

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 PUBLIC OFFICIAL/ STATE DEPARTMENT **ADDRESS** AGENCY WHERE EMPLOYED **FAMILY MEMBER** 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 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. 2/15/19 Signature Date MY COMMISSION EXPIRES NOVEMBER 10, 2020 **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

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.