

VENDOR SETUP AND PAYMENT AUTHORIZATION FORM

The information being collected on this form will be used by the Alabama Community College System Office to transmit payment data, by electronic means, to a vendor's financial institution. As an extra security measure, we are requesting an additional account contact who will validate any changes submitted to our office to ensure accuracy of information. Failure to provide the accurate information may delay or prevent the receipt of payment through ACH Payment System.

VENDOR INFORMATION				
NAME:				
FEDERAL I.D.#: DUNS #:				
WEBSITE:				
PHYSICAL ADDRESS:	<u></u>			
CITY: STATE: ZIP				
MAILING ADDRESS:				
CITY: STATE: ZIP				
REMIT ADDRESS:				
CITY: STATE: ZIP				
PRIMARY CONTACT NAME:				
PHONE:EXT:				
EMAIL:				
ACCOUNT CHANGE VERIFICATION CONTACT NAME:				
PHONE:EXT:				
EMAIL:				
FINANCIAL INSTITUTION INFORMAITON (Please attach a voided check or bank generated account validation document.				
(9) DIGIT ROUTING NUMBER:				
DEPOSITOR ACCOUNT NUMBER:				
TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS				
ACH COORDINATOR NAME: PHONE:				
REQUESTING AGENCY INFORMATION				
NAME: Alabama Community College System				
ADDRESS: P.O. Box 302130, Montgomery, AL 36130-2130				
CONTACT NAME: Robin Head PHONE: 334.293.4623				
Please post this document to the secure Dropbox link previously provided.				

Validated_____ Date____ Date____ Date____

Vendor Disclosure Statement Information and Instructions

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. The disclosure statement is not required for contracts for gas, water, and electric services where no competition exits, or where rates are fixed by law or ordinance. In circumstances where a contract is awarded by competitive bid, the disclosure statement shall be required only from the person receiving the contract and shall be submitted within ten (10) days of the award.

A copy of the disclosure statement shall be filed with the awarding entity and the Department of Examiners of Public Accounts and if it pertains to a state contract, a copy shall be submitted to the Contract Review Permanent Legislative Oversight Committee. The address for the Department of Examiners of Public Accounts is as follows: 50 N. Ripley Street, Room 3201, Montgomery, Alabama 36130-2101. If the disclosure statement is filed with a contract, the awarding entity should include a copy with the contract when it is presented to the Contract Review Permanent Legislative Oversight Committee.

The State of Alabama shall not enter into any contract or appropriate any public funds with any person who refuses to provide information required by Act 2001-955.

Pursuant to Act 2001-955, any person who knowingly provides misleading or incorrect information on the disclosure statement shall be subject to a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00. Also, the contract or grant shall be voidable by the awarding entity.

Definitions as Provided in Act 2001-955

Family Member of a Public Employee - The spouse or a dependent of the public employee.

Family Member of a Public Official - The spouse, a dependent, an adult child and his or her spouse, a parent, a spouse's parents, a sibling and his or her spouse, of the public official.

Family Relationship - A person has a family relationship with a public official or public employee if the person is a family member of the public official or public employee.

Person - An individual, firm, partnership, association, joint venture, cooperative, or corporation, or any other group or combination acting in concert.

Public Official and Public Employee - These terms shall have the same meanings ascribed to them in Sections 36-25-1(23) and 36-25-1(24), Code of Alabama 1975, (see below) except for the purposes of the disclosure requirements of this act, the terms shall only include persons in a position to influence the awarding of a grant or contract who are affiliated with the awarding entity. Notwithstanding the foregoing, these terms shall also include the Governor, Lieutenant Governor, members of the cabinet of the Governor, and members of the Legislature.

Section 36-25-1(23), Code of Alabama 1975, defines a public employee as any person employed at the state, county or municipal level of government or their instrumentalities, including governmental corporations and authorities, but excluding employees of hospitals or other health care corporations including contract employees of those hospitals or other health care corporations, who is paid in whole or in part from state, county, or municipal funds. For purposes of this chapter, a public employee does not include a person employed on a part-time basis whose employment is limited to providing professional services other than lobbying, the compensation for which constitutes less than 50 percent of the part-time employee's income.

Section 36-25-1(24), Code of Alabama 1975, defines a public official as any person elected to public office, whether or not that person has taken office, by the vote of the people at state, county, or municipal level of government or their instrumentalities, including governmental corporations, and any person appointed to a position at the state, county, or municipal level of government or their instrumentalities, including governmental corporations. For purposes of this chapter, a public official includes the chairs and vice-chairs or the equivalent offices of each state political party as defined in Section 17-16-2, Code of Alabama 1975.

Instructions

Complete all lines as indicated. If an item does not apply, denote N/A (not applicable). If you cannot include required information in the space provided, attach additional sheets as necessary.

The form must be signed, dated, and notarized prior to submission.



State of Alabama

Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM		·
ADDRESS		
CITY, STATE, ZIP	TELE (PHONE NUMBER
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICE	CES, OR IS RESPONSIBLE FOR GRANT AWARD	
ADDRESS		
CITY, STATE, ZIP	TELE (PHONE NUMBER
This form is provided with:		
	uest for Proposal Invitation to Bid G	rant Proposal
Agency/Department in the current or last fiscal years. Yes No	any related business units previously performed work ear? ent that received the goods or services, the type(s) of g	
vided, and the amount received for the provision		
STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
Have you or any of your partners, divisions, or a Agency/Department in the current or last fiscal years.	any related business units previously applied and rece	eived any grants from any State
If yes, identify the State Agency/Department that	t 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 relations	public officials/public employees with whom you, membership and who may directly personally benefit financially the public officials/public employees work. (Attach ac	from the proposed transaction.
NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL PUBLIC EMPLOYEE	_/ STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
=	nd/or their family members as the	cribe in detail below the direct financia result of the contract, proposal, reque	- · · · · · · · · · · · · · · · · · · ·
_	yee as the result of the contract, p	ned by any public official, public emplo proposal, request for proposal, invitation	
List below the name(s) and a posal, invitation to bid, or gra	The state of the s	and/or lobbyists utilized to obtain the	contract, proposal, request for pro-
NAME OF PAID CONSULTANT/LO	BBYIST	ADDRESS	
to the best of my knowledg	e. I further understand that a civ	y that all statements on or attached vil penalty of ten percent (10%) of th correct or misleading information.	
Signature		Date	

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

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State of _		_)			
County of		_)			
	TICATE OF COMPLIANO		SON-HAMMON ALABAMA	A TAXPAYER AND CITIZEN F	ROTECTION
DATE:_					
			or subject):	(9	by and
and			(State Agency	(Contractor/Grantee) y or Department or other Public Ent	ity)
The unde	ersigned hereby certifies to the	ne State of Alabama a	s follows:		
	-			vith the Contractor/Grantee named	above, and is
				nd binding act of that entity, and ha	
				ND CITIZEN PROTECTION ACT	_
	-		Act 2012-491) which is descri		(
2.	_	_		ner (a) or (b), below, to describe th	e
	Contractor/Grantee's busi			() (),	
	enterprise, profession, or entity" shall include, but read a. Self-employ limited liabin authorized to Secretary of b. Any busines form of authorized to Secretary of b. Any busines form of authorized to Secretary of common of a series of the person having contreentity employing any person occupant of a household common of the Contractor of the Contractor of the Contractor of the State of Alabama;	occupation for gain, be not be limited to the form of the limited to the form of the lity companies, foreign of transact business in State. Is entity that possesses orization issued by the any business entity the limit of the	enefit, advantage, or livelihood, ollowing: ess entities filing articles of incommon corporations, foreign limited this state, business trusts, and a set a business license, permit, cert the state, any business entity that the state of a perating unlawfully with cartnership, joint stock association mployment, place of employment. State of Alabama, including a per person to perform casual don thity or employer as those terms iness entity or employer as those terms iness entity or employer as those the does not knowingly employed, hire for employment, or of the state o	persons performing or engaging in whether for profit or not for profit or postation, partnerships, foreign limited liability business entity that registers with the seempt by law from obtaining sout a business license. In agent, manager, representative, and, or of any employee, including public employer. This term shall no nestic labor within the household. Is are defined in Section 3 of the Acte terms are defined in Section 3 of the Acte te	t. "Business artnerships, lity companies th the rter, or similar such a business foreman, or any person or ot include the et. f the Act. e State of d alien within
٦.	beyond its control.	ica iii L- verify unics.	s it is not engine to emon becar	use of the fules of that program of	other factors
Certified	this day of	20 .			
			Name of C	Contractor/Grantee/Recipient	
			Ву:		
			Ita		
The abov	e Certification was signed in	n my presence by the	person whose name appears abo	ove, on	
this	_ day of	20			
			WITNESS:		
				Print Name of Witness	
				rint maine of withess	

State and Local Tax Certification & U.S. Immigration Status



The Alabama Community College System and its affiliated institutions are State funded entities which require certification from contracted vendors for tax certifications and U.S. immigration status of contractor's employees and the employees of all subcontractors.

Part 1: Tax Certification

Alabama Code Section 41-4-142 stipulates a state department or agency may not contract for the purchase or lease of supplies from a vendor, contractor, or an affiliate of a vendor or contractor, unless that vendor, contractor, and all of its affiliates that make sales for delivery into Alabama or leases for use in Alabama are properly registered, collecting, and remitting Alabama state and local sales and use tax, or simplified sellers use tax, and lease tax, as provided for by Article 4 of Chapter 12 of Title 40 and Articles 1, 2, and 4 of Chapter 23 of Title 40, or by any local act or ordinance.

Each vendor, contractor, or affiliate of a vendor or contractor that is offered a contract to do business with a state department or state agency shall be required to certify that the vendor or affiliate is appropriately registered to collect and remit sales and use tax, or simplified sellers use tax and lease tax as required by this section and submit to that state department or agency certification required by the Alabama Department of Revenue.

Every bid submitted and contract executed by the state shall contain a certification by the bidder or contractor that the bidder or contractor is not barred from bidding for or entering into a contract under this section and that the bidder or contractor acknowledges that the contracting state agency may declare the contract void if the certification completed is false.

Each vendor or contractor that sells or leases supplies to a state department or agency, and each affiliate of that vendor or contractor that makes sales for delivery into Alabama, shall be required to collect and remit the Alabama sales and use tax, or simplified sellers use tax, and lease tax on all its sales and leases into the state.

Part 2: U.S. Immigration Status

I hereby attest that all workers on this project are either citizens of the United States or are in a proper and legal immigration status that authorizes them to be employed for pay within the United States.

Contractor	
Check boxes to confirm your agreement to the following	statements:
Part 1: Contractor verifies and affirms that it is in the	e compliance with the Alabama Code Section 41-4-142.
Part 2: Contractor verifies and affirms that it is in above.	compliance with the U.S. Immigration Status Statement
Signature of Contractor	Witness

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

Non-Federal entities are subject to the non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689, 2 CFR part 180. The regulations in 2 CFR part 180 restrict awards, subawards, and contracts with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in Federal assistance programs or activities.

- 1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- 2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
- 3) By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
- 4) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, may pursue available remedies, including suspension and/or debarment.
- 5) The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 6) The terms "covered transaction" "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal', and "voluntarily excluded', as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules and implementing Executive Orders 12549 and 12689. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 7) The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Federal awarding agency.
- 8) The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions", without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 9) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required, to check SAM.gov Exclusions.
- 10) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 11) Except for transactions authorized under paragraph 7 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the funding agency may pursue available remedies, including suspension and/or debarment.

Signature of Authorized Representative	Name and Title of Authorized Representative
Company or Agency	Date