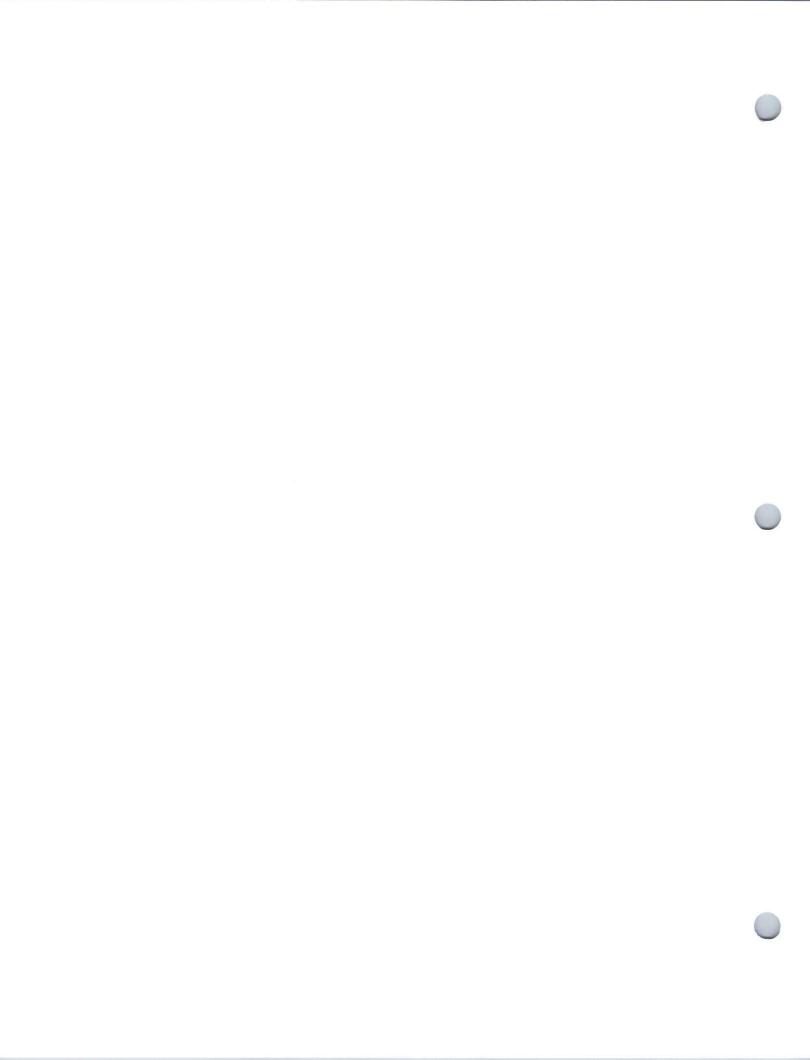


State of Alabama

Disclosure Statement

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

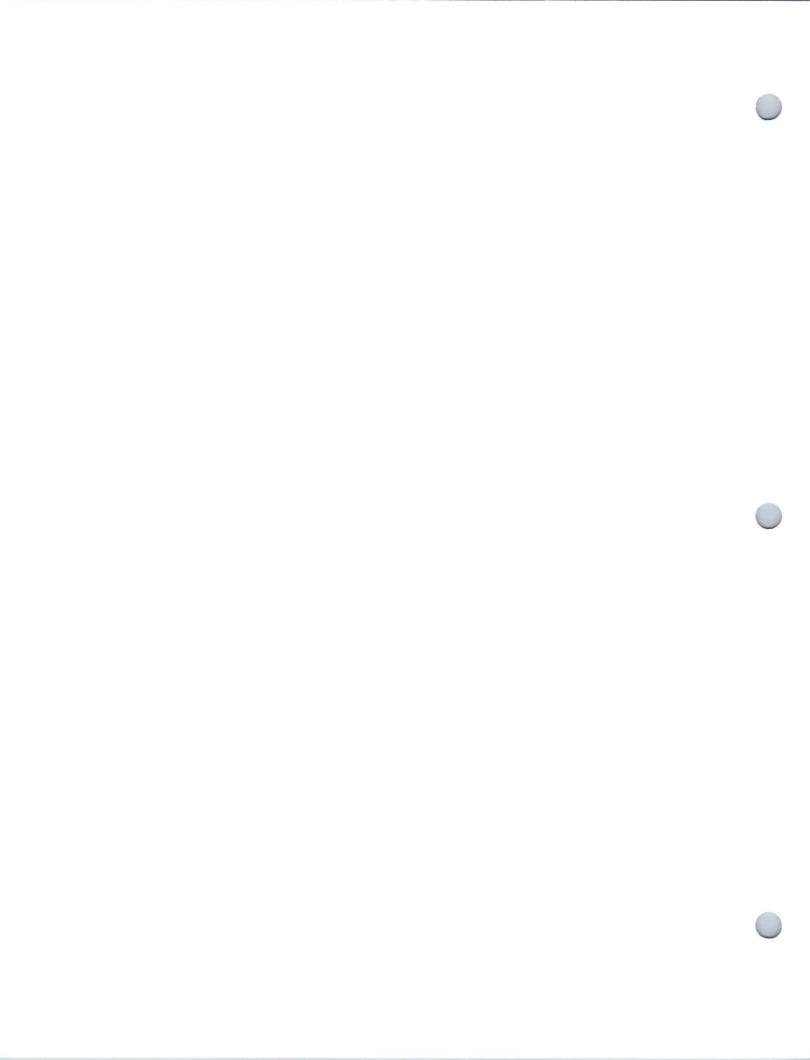
ENTITY COMPLETING FORM		
Howard Technology Solutions, a D	Division of Howard Industries Inc.	
ADDRESS	The second of the second of the	
PO Box 1590		
CITY, STATE, ZIP		TELEPHONE NUMBER
Laurel, MS 39441		601.425.3181
	OODS, SERVICES, OR IS RESPONSIBLE FOR GRANT A	WARD
Alabama Community College Syste	em	
continue and cetter to so sur cetter or		
135 South Union Street		
Montgomery, AL 36104		TELEPHONE NUMBER (334) 293-4661
This form is provided with:		(334) 293-4001
Contract Proposal	Request for Proposal Inv	itation to Bid Grant Proposal
Agency/Department in the current or la	ist fiscal year? Department that received the goods or	eviously performed work or provided goods to any State
STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICE	S AMOUNT RECEIVED
Jefferson Davis Community College	e Networking Equipment	\$24617.00
Athens State University	Desktops and Monitors	\$3965.00
Troy University	Software Renewals	39045.75
Agency/Department in the current or last	st fiscal year?	eviously applied and received any grants from any State
STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
List below the name(s) and address(c)	es) of all public officials/public employee	es with whom you, members of your immediate family, or
any of your employees have a family	relationship and who may directly pers	conally benefit financially from the proposed transaction. ployees work. (Attach additional sheets if necessary.)
NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY
not applicable		



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 PUBLIC OFFICIAL/ 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.
Signature Date REGINA D. PARKER
Notary's Signature Date Date Date Jan. 11, 2025 Article 3B of Title 41, Code of Alabama 1975 requires the disclosure statement to be completed and filed with all proposals; bids,

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

contracts, or grant proposals to the State of Alabama in excess of \$5,000.



State of Mississippi
County of Jones
CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)
DATE: 1/25/2024
RE Contract/Grant/Incentive (describe by number or subject):
between Howard Technology Solutions, a Division of Howard Industries Inc and Alabama Community College System (State Agency or Department or other Public Entity)
The undersigned hereby certifies to the State of Alabama as follows:
1. The undersigned holds the position of Contracts Manager with the Contractor/Grantee named above, and is
authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge
of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-
535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".
2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the
Contractor/Grantee's business structure.
BUSINESS ENTITY. Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following: a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
 Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license. EMPLOYER. Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.
X (a) The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.
(b) The Contractor/Grantee is not is a business entity or employer as those terms are defined in Section 3 of the Act.
3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of
Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within
the State of Alabama;
4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors
beyond its control.
Certified this 25th day of January 2024.
Name of Contractor/Grantee/Recipient
By: Brandey Boyd
The above Certification was signed in my presence by the person whose name appears above, on
TOF MISS ID # 91712 REGINA D. PARKER Commission Expires Jan. 11, 2025 COMMISSION EXPIRES Print Name of Witness

