RFB Number

ACCS-2024-01

RFB Title

JPA

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Financial Documentation



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM	
Robert J Young Company, LLC (dba RJ Young)	
ADDRESS	
4001 Farr Road	TELEPHONE NUMBER
CITY, STATE, ZIP Bessemer, AL 35022	(800) 347-1955
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FO	DR GRANT AWARD
Alabama Community College System	
ADDRESS	
135 South Union Street	
CITY, STATE, ZIP	TELEPHONE NUMBER
Montgomery, AL 36104	(334) 293-4661
This form is provided with:	
Contract X Proposal Request for Proposal	☐ Invitation to Bid ☐ Grant Proposal
Have you or any of your partners, divisions, or any related business Agency/Department in the current or last fiscal year? Yes No If yes, identify below the State Agency/Department that received the vided, and the amount received for the provision of such goods or se	goods or services, the type(s) of goods or services previously pro-
AV S	
STATE AGENCY/DEPARTMENT TYPE OF GOOD	S/SERVICES AMOUNT RECEIVED
N/A	
Have you or any of your partners, divisions, or any related business Agency/Department in the current or last fiscal year?	units previously applied and received any grants from any State
Yes X No	
If yes, identify the State Agency/Department that awarded the grant,	the date such grant was awarded, and the amount of the grant.
STATE AGENCY/DEPARTMENT DATE GRANT	
N/A	
List below the name(s) and address(es) of all public officials/public any of your employees have a family relationship and who may di	employees with whom you, members of your immediate family, or
any of your employees have a family relationship and who may di- Identify the State Department/Agency for which the public officials	/public employees work. (Attach additional sheets if necessary.)
NAME OF PUBLIC OFFICIAL/EMPLOYEE ADDR	ESS STATE DEPARTMENT/AGENCY
N/A	



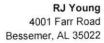
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2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially 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 FAMILY MEMBER AD	DRESS N.	ME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
N/A		1	
If you identified individuals in items one and officials, public employees, and/or their famil grant proposal. (Attach additional sheets if n	ly members as the result of the cor	low the direct financial ben- ntract, proposal, request for	efit to be gained by the public proposal, invitation to bid, or
N/A			
Describe in detail below any indirect financia public official or public employee as the result additional sheets if necessary.)	al benefits to be gained by any publi ult of the contract, proposal, reques	ic official, public employee, t for proposal, invitation to	and/or family members of the bid, or grant proposal. (Attach
N/A			
List below the name(s) and address(es) of a	all paid consultants and/or lobbyists	utilized to obtain the contr	act, proposal, request for pro-
posal, invitation to bid, or grant proposal:			
NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS		
N/A		-	
By signing below, I certify under oath and to the best of my knowledge. I further un- to exceed \$10,000.00, is applied for know	derstand that a civil penalty of te	n percent (10%) of the an	nis form are true and correct mount of the transaction, not
Cais Chul	February 8, 2024	eading information	
Signature	Date	NOTARY PUBLIC	Mov 0 2026
Notary's Signature	February 8, 2024	Commission Expires of	May 9, 2026 Date Notary Expires
Note: y d'Orginalité		SOIDH EXP	and reconstruction of the second of the seco

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.





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State of _	Tennessee)				
County of)				
CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)					
DATE:_	February 8, 2024				
		ACCS-2024-01			
hotween	ntract/Grant/Incentive (describe by number or subject): RJ Young	(Contractor/Gra			
and Ala	bama Community College System & Higher Ed. (State	e Agency or Department or other P	ublic Entity)		
	ersigned hereby certifies to the State of Alabama as follows:				
1.	The undersigned holds the position of Regional Vice President				
	authorized to provide representations set out in this Certificate as the o				
	of the provisions of THE BEASON-HAMMON ALABAMA TAXPA	YER AND CITIZEN PROTECTI	ON ACT (ACT 2011-		
	535 of the Alabama Legislature, as amended by Act 2012-491) which	s described herein as "the Act".			
2.	Using the following definitions from Section 3 of the Act, select and in	itial either (a) or (b), below, to de	escribe 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 authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.				
	b. Any business entity that possesses a business license, per form of authorization issued by the state, any business en license, and any business entity that is operating unlawfu EMPLOYER. Any person, firm, corporation, partnership, joint stock a other person having control or custody of any employment, place of entity employing any person for hire within the State of Alabama, inch occupant of a household contracting with another person to perform ca	tity that is exempt by law from of ly without a business license. ssociation, agent, manager, repres uployment, or of any employee, ir ding a public employer. This ter	otaining such a business entative, foreman, or icluding any person or in shall not include the		
	X (a) The Contractor/Grantee is a business entity or employer as the	se terms are defined in Section 3	of the Act.		
	(b) The Contractor/Grantee is not is a business entity or employe				
3.	As of the date of this Certificate, Contractor/Grantee does not knowing				
	Alabama and hereafter it will not knowingly employ, hire for employn				
	the State of Alabama;				
4.	Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enr	oll because of the rules of that pro	ogram or other factors		
	beyond its control.				
Certified	this 8th day of February 20 24.				
	R	J Young			
	N	me of Contractor/Grantee/Recipi			
	By:	6 Chufe, Chris Clar	k		
	_{lts} Regi	onal Vice President			
The above	lts	cars above, on			
	day of February 20 24 . WITNESS:	a Burke Print Name of Witness	A J. BUATERINIAN A J. B		

