

**RFB 24-1896 Industrial 3D Printer**  
**Issued: April 16, 2024**  
**Due on or Before: April 30, 2024, 1:30 PM (CT)**

**GADSDEN STATE**  
**COMMUNITY COLLEGE**  
***Purchasing Department***

PO Box 27 • Gadsden, AL 35902 • 205-880-0227 •

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### Requests for Clarification

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### Bid Submission

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1. Bid Form
2. State of Alabama Disclosure Statement
3. Season- Hammon Act in
4. -Verify MOU
5. RFQ

**Delivery**

**Ph**

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## Late Bids, and Late Withdrawals

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## Licenses and Permits



## *Bid Form*

# State of Alabama



(Required by Act 2001-955)

ENTITY COMPLETING FORM

Agreement Number

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

This form is provided with:

Contract

Proposal

Request for Proposal

RFB

Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

Yes

No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes

No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

1. List below the name(s) and address(es) of all 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

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, RFB, or grant proposal:

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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.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Notary's Signature \_\_\_\_\_ Date \_\_\_\_\_

Act 2001-995 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.

FORM FOR SECTIONS 9 (a) and (b) BEASONS ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT; CODE  
ALABAMA, SECTIONS 139 (a) and (b)

AFFIDAVIT FOR BUSINESS ENTITY/EMPLOYER/CONTRACTOR  
(To be completed as a condition for the award of any contract, grant, or incentive by the State of Alabama, any political  
subdivision thereof, or any state entity to a business entity or employer that employs one or more employees)

**RE: Gadsden State** -

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