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GADSDEN STATE

COMMUNITY COLLEGE

Purchasing Department

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Bid Form

- 1 R W D B i d C e r t i f i c a t i o n I R U P
- 1 R W D S t a t e o f A l a b a m a D i s c l o s u r e S t a t e m e n t
- 1 R W D B e a s o n G a m m o n A d t R U P
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6. Certificate of Insurance

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7KH &ROOHJH LQWHQGV WR DZDUGHV W B QWLMKF W W R P Q W W LFRQ
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7KH UHFHLSW RI DOWDPHHQGFRQWVHGJHG E\ ELGGHUV

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\$IWHU D ELG KDV EHHQ[RSSIQHQZRMSPUW HZIQWHRWSEHQORZEMVEL
FKDQJHV LQ ELG S ULVHRQRSURRMEKRWFSHQDQWHUHVW WR WKH &R
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ORGLILFDWLRQ RU :LWKGUDZDO RI %LGV
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WKH SHUIRUPDQFHEHRWZHQCFRQWUEHGVSHU DQG WKH &ROO

7KH ELGGHU VKDOO LQGHPQLI\ GHHMQRDUQDQKROLD EALIOHWHQDEB
5HOHDVHHV EHFDPVHQWRI WRKH DQRQUEVDVRLQRROIBUDFVGLRQHI FEWZGH
DJUHHG WR EHDU SDHVSIRQW LIEQEQVGLVQDUWWKRUQHHTHVDVHVDWRBQ
DPRXQWRI DQ\ MXGLJFLDQWVRIWVVRUPEADMKHQRIDWHHGHLQVQFOXGL

\$Q\ GHIHFWLYH ZRBNRBRQBWPIDQDIDMQRVFLGDPHDJHLGHPDWHULD
LQVWDOODWLRQRVWVXHO&RIDFRJHJHMFVHDVXWFDHFWQBRQCEGGVHRJQDVO
8QOHVV VSHFLILIEDVCKHFDOYLHGVRLRQCFWVRIRUGSXDEODSHPXVW
SUHYLRXVO\ XVHGOVQIGFDUJUHQVWKPFDQDQDDFGVZDUHWDVQW\ 5HP
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&ROOHJH UHVHUVHMFWKH DQVIRWUWOWKEHLLGVRIRQDQGHVSRQZIDYHLV
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XVH UHVXOWLQJ VQHRHIZIKIRFK DQURWHDVXQRXWURIP ELGGHUVRS
VFRSHRI ZRUN ZKHWKHU VXFK RSMODWU RQGEUHEWROVHUPDQR
ZKRVHDFWVRIIHU DPEDEHEH7IOLHJDCFOOXDQFVKVWVNSFMRQDGDJSHFL
ZULWWHQIRUQRWVQHRVQVHFXDQDQV, QVBUQKBPXEXWLIQVQRW
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Contract Proposal Request for Proposal Invitation to Bid Grant Proposal

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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?

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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 proposed transaction. Identify the State Department/Agency for which the public

officials/public employees work. (Attach additional sheets if necessary.)

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.)

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.)

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U H T X H V W I R U S U R S R W F D E L G Q R U W J D M D I Q W S U R S R V D O

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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FORM FOR SECTIONS 9 (a) and (b) BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT; CODE OF ALABAMA, SECTIONS 31-13-9 (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-funded entity to a business entity or employer that employs one or more employees)

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State of _____

County of _____

Before me, a notary public, personally appeared _____ (print name), who being duly sworn, says as follows:

As a condition for the award of any contract, grant, or incentive by the State of Alabama, any political subdivision thereof, or any state-funded entity to a business entity or employer that employs one or more employees, I hereby attest that in my capacity as _____ (state position) for _____ (state business entity/employer/contractor name) that said business entity/employer/contractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien.

I further attest that said business entity/employer/contractor is enrolled in the E-Verify program.
(ATTACH DOCUMENTATION ESTABLISHING THAT BUSINESS ENTITY/EMPLOYER/CONTRACTOR IS ENROLLED IN THE E-VERIFY PROGRAM)

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____, 20_____.