

Bid Form
RFB 24-1897 CNC with Simulator

Line	Description	Quantity	Equivalent Offered Yes or No must be marked	Price
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State of Alabama
Disclosure Statement
(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

Gadsden State Community College

ADDRESS

1001 George Wallace Drive

CITY, STATE, ZIP

TELEPHONE NUMBER

Gadsden, AL 35903

(256) 549-8244

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

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)

RE: Gadsden State RFB 24-1897 CNC with Simulator

State of _____

County of _____

Before me, a notary public, personally appeared _____ (print name), who being duly sworn, depose and say that he or she is the owner of the business entity/employer/contractor named above and that he or she is the authorized representative of said business entity/employer/contractor for the purpose of this affidavit.

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 _____ (business entity/employer/contractor name) that said business entity/employer/contractor shall not knowingly employ, hire, or continue to employ an unauthorized alien.

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

Signature of Affiant

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

I certify that the affiant is known (or made known) to me to be the identical party he or she claims to be.

Signature and Seal of Notary Public

Author: Jean Brown
Statutory Authority: Code of Alabama, sections 13-9 (a) and (b);
Section 3139 (h).
History: New Rule: Filed December 12, 2011, effective December 12, 2011