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GADSDEN STATE

COMMUNITY COLLEGE

Purchasing Department

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.LP & DUWHU 'LUHFWRU RI 3XUFKDV *DGVGHQ *\$RUJH :FDGD FHPD
SXUFKDV LQJ #JDGV GHVW WHYWHQ HG XE D W O G P E L G D R V S S Q L Q J \$ Q V
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\$Q RULJLQDO KDUG V F R S E H R P M L K H B H S U P Q D D G H S H O H P D H U M H G O Z L W K
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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
- (O H F W U R Q L E - D e p o s i t M O V L J Q H G

6. Certificate of Insurance

%LG (YDOXDWLRQ DQG \$ZDUG

7KH DZDUG ZLOO EH P D O L Q H E \ L M Q H P H Y U D W S R R Q V L E V O R I W Q G U H V S R O
PHHWLQJ D O O Q S H F I L L H F I D Q V L W Q M Q L Q K R Q W S H L V F R Q W O P D Y 2 E G L D S S
D F D W H J R U \ 7 K L V G L V F R X Q W Z L O O J E H Z W O P I H Q H R X P H G I L V F R W O
F D W H J R U \ \$ E L G G H U G I P D R Q X Q W V S H E L F L W Q W D J W H P Q F W D Q R J R W V F D W
& R O O H J H U H V R U M H V X M K W U E L L J K V W F D W D O R J V

\$Q DZDUG VKDOO EH PDGH WR PXOWK S O P L E L L E P & F U R M E \ S H F F H I S O M
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8QOHVV DOO ELG & ROOHJH NZHL DWHORV XZHDG '3 EQWRIOHW D ILQDO D
3,QWHQW WR \$ZDXHG IRZL OOS FRQ RGD B H QRGDUW G BFA/ WDKH B DZUKL ZL
ILQDO SURYLGHG WKH \$HG BHW B OORQ VWRW S VRR FHVV PD\ EH UHYLH
\$GPLQLVWUDWLYH &RGH \$QDSSWHRUWMLVQFRIR OXIGL FDD HPDLO P
SXUFKDV LQJ#JDGVGHQVWDWH HGX

&RQWUDFW 3HULRG

7KH &ROOHJH LQWHQGV WR DZDUGHV WFBQWLMKF W WRPQXW WLFROO
WR H[WHQG IRU DGVH PPOGV B CSUWLK RLP X\$QW HK[DWHHQZU RW WHQ DSS
SDUWLHV 'LVFRXXQW B HQ FVHQVDA JEHOJHQV LFRQWHLGD G WUH [WHQVL

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%LGV GHOLYHUHG REAWDOKVWU EHF DGGUHV VHG WR

*DGVGHQ 6WDWH &RPPXQLW\ &ROOHJH

\$771 3XUFKDV LQJ 'HSDUWPHQW

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.RUQHU 6WUHHW

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%LGV GHOLYHUHG E6 WDKW HMH QFRW DUCSHWIS G FIN VU H B FOR M HRW K/HH

PXVW KDYH WKHQGEI G VQK P ERU W LKH HQYHORSH

)RUP RI %LG

\$OO ELGV PXVW B FHVLY BIGH GOZKFWQ B BQ LFR G V G G HLLHG Q RW

\$OWHUQDWH %LG 5HVSQRVHV

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,QVSHFWLRQ

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7KH UHVSQRQVLELQJWWKH DFFWHSUPLQW/LWNIHRUHQUSUWV VROHO

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\$ SUH ELG FRQIHUHQFFWPH\ WR F[SODUQTKKHSPURFWVHPHQ SUH
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\$PHQGPHQWV WR %LG

7KH UHFHLSW RI D\OWDPPHQDFNQQWVHGJHG E\ ELGGHUV

3ULFH 1HJRWLDWLRQ

\$IWHU D ELG KDV EHHQ[RSSIQHQZRMSPUW HZIQWHRWSEHQORZEMVEL
FKDQJHV LQ ELG S\LVHRQRSURRMEKRWKSDQWUHUVW WR WKH &R
VKDOO EH PDGH

ORGLILFDWLRQ RU :LWKGUDZDO RI %LGV

%LGV PD\ EH PRGLQHQZULWLVWQHGDZFWKYHSGRUGHMEHQSWH
SULRU WR WKH ELG GXH GDWH DQG WLPH

/DWH %LGV DQG /DWH :LWKGUDZDOV

4XDQWIKM\H[DFW TXDQWLW\ RI HDFK LWHPHJH BRRHGLQRW VJXDNID
&ROOHJH ZLOO EX\ DQ\ DPRXQW

9ROXPH 'LVFRXQPHVGLVFRZIQVVRDUSIXDIDVDVHV

%LGGHU 5HVSRQVLELOLWLHV

7KH ELGGHU DJUHGHVIMRGLQGDYHQWOKHEBRDQIRJPHXQKW\ \$&ROOHJH
%RDUG RI 7UXVWHOHVDKHHUHLIQDUWGBDDBIFURPLBQ\ GEDDQGV DFB
OLDELOLWLHV DQGGJDMQWRVUQFRFVWVHODVLBHGVRQJDFKWXQWRI R
SUHGLFWHG XSRQVRVSURSRUWGDYFDHLMWIKH RHVWRVODZIGDWOGBH
DQ\ PDQQHU FDXWHGVRREERQVHLEKGYDUQLWVVRDJHRSVOR\HHV Z
&ROOHJH SUHPLVHN RQGZKULFKBWWKIRQYRWR %ELHGRJQHQ RUVBKRIDHG
IURP VDPH DQG WR VDYH WKH 5HOHVVRHHGDPDUJPHVHRIVDIQRRLDQ
5HOHDVHHV PD\ XDMHRI DWKWKDFVGRVUQDQD JHQRVH HESQURADHWMLQ
WKH SHUIRUPDQFHEHRWZHQCFRQWUEHGBHU DQG WKH &ROO

7KH ELGGHU VKDOO LQGHPQLI\ GHHMQRDUQDQKROLD EALIOHWHQDBE
5HOHDVHHV EHFDPVHQWI WRKH DQRQUEVDVRLQRROIBUDFVGLRQHI FEWZGH
DJUHHG WR EHDU SDHVSIRQW LIEQEQVGLVQDUWWKRUQHHTHVDWHVDFRRQ
DPRXQWRI DQ\ MXGLJFLDQWVRIWVVRUPEADMKHQRIDWHHGHLQVQFOXGL

\$Q\ GHIHFWLYH ZRBNRBRQBWPIDQDDBMQRVFLGDYHDJHLGHPDWHULD
LQVWDOODWLRQRVWVXHO&RIDFRJHJHMFVHDVXWFDVFWLBRQCEGGVHRJQDVO
8QOHVV VSHFLILIEDVCKHFDOYLHGDVRLRQFWRIRUGSXDEODSHPXVW
SUHYLRXVO\ XVHGOVQIGFDUJUHQVKFPDQDQDDFGVZDUHWDQW\ 5HP
GHPRQVWUDWRU XVHG RU LUUHJXODU LWHPV ZLOO QRW EHFI

&ROOHJH 5LJKWV

&ROOHJH UHVHUVHMHVFKVH DQVIRWUWOWKEHLLGVRIRQDQGHVSRQZIDYHLV
ELGGLQJ LQ WVKM BHWKHLQREOHJH

&ROOHJH PD\ FDQFHVXQDQLQFRQURUPDQVYDZDUGLBRQ\ WWRLP%LGLDWK
ZULWWHQ QRWLFH RI WHUPLQDWLRQ

3D\PHQW VKDOO EKHFRQRVLOQHJHGWXSVSNVWIDFQVRRDQLWK PDW
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7KH ELGGHU VKDOQVSDIUFKDXFKDQGRMDIGHHS DRVZHLVWLSQ IURP F
EHFDXVHRI ERGLO\ LQMXU\ VLFNSHUVWRQRILQGDVXGDQH FRODIGMVD
SHUVRQDO LQM XURPOLEDLQVWRUWVWVWVWRVRRRUVWGBVQFQKGLQRJS
XVH UHVXOWLQJ VQHRH ZIKLRFK DQURWVHVKRXXWURIP ELGGHUVRS
VFRSHRI ZRUN ZKHWKHU VXFK RSMODWU RQGEUHEWROVHUPDQR
ZKRVHDFWVRIIHU DFDHEH7IOLHJ DCFQXCDHQFVKVWVNSFMRQDGDJSHFL
ZULWWHQIRU QRWVHRVQVHFXDQDQ, QVUDQKBHPXEXWLIQFQRW
FRYHUDJHIRUFRPLHUELOLVHFRFURDQFL EOOQEXQBRREEXG PAUID

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7KH ELGGHU PXVW REWDLQ DQG PQLQWDLQG SIKUFLQGV DQDQFR
DSSOLFDEOH)HGHUO 6WDWH DQGSIRUFROUDDZFWLRIRIQRHM XQR
&ROOHJH PD\ UHTXHVQHFBVLGURRSLWVQVHV DQG SHUP

6WDWH RI \$ODEDPD 'LVFORVXUH 6WDWHPHQW

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DQG ILOHG ZLWK DDEWEVLRU EUGVDFRQW\$OBEVDPD LQ HIFHVV

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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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UHTXHVW IRU SURS 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

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_____.