



ActOne

Government Solutions

Alabama A&M University

Office Paper Bid
Bid No. 2K19-14B

Submitted to:

Alabama Agricultural and Mechanical University
Purchasing Department
4900 Meridian Street
Patton Hall, Room 305
Normal, AL 35762

Submitted by:

ActOne Government Solutions
An ActOne Group Company

Milton J. Perkins
Vice President
1999 West 190th Street
Torrance, CA 90504
www.act1government.com

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Cover Letter

19 September 2019

Alabama Agricultural and Mechanical University
Purchasing Department
4900 Meridian Street
Patton Hall, Room 305
Normal, AL 35762

Subject: *Response to RFP Number 019-1819 – School Supplies District-Wide*

ActOne Government Solutions, Inc. (A1GS) welcomes the opportunity to submit our offer to Alabama Agricultural and Mechanical University (AAMU). A1GS was developed as part of the 50-year history of the globally successful ActOne Group—a portfolio of companies created to bridge the gap between the talent needs of employers and the desires of employees. The ActOne Group of companies provides staffing solutions, workforce management, business services and business solutions to Fortune 500 organizations.

In particular, A1GS provides high-quality products and services to the federal, state, and local marketplace by leveraging relationships with our premier manufacturers, suppliers and strategic partners of school, office, janitorial supplies, as well as medical supplies, equipment and devices. We are committed to bringing value to our client agencies and our supplier partners through professional contract management, customer service, past performance and market expertise.

Thank you for considering A1GS for your procurement needs. We look forward to working with AAMU and will do everything necessary to ensure that AAMU's experience with A1GS is positive, productive and long-term.

Sincerely,



Dr. Milton J. Perkins, Vice President
ActOne Government Solutions, Inc.

A1GS ORDERING POLICY

- Order online, by phone, or by email.
- Pay by invoice if preferred.
- Delivery turnaround is typically from 1-3 days. *(can take up to 5 days)*
- Delivery is drop ship at location/address provided.
- Store credit is not applicable.
- Delivery charges are not included in submitted pricing rates.

A1GS RETURN POLICY

Inspection, Acceptance and Return of Products

Customer is responsible for inspecting and accepting products. Customer can reject and return any portion of an order that is damaged, defective or otherwise fails to conform to the goods specified in the Customer's order, subject to the following requirements:

- Customer must send all returns accompanied by a A1GS issued Return Authorization
- All returned products must be received in resalable condition (including no markings or labels attached to the cartons) and in the original manufacturers' shipping cartons, complete with all packing and associated materials.
- A1GS will not accept any returns from Customer for product that is designated as "Non-Returnable Item". A complete listing of non-returnable items can be found in ICAPS, which you can access through Solutions Central.
- Customer must request a Return Authorization and return the merchandise to A1GS within the following time frames:
 - 30 days from date of invoice for returns due to customer error (such as ordering the wrong item); merchandise must be returned in re-saleable condition.
 - 30 days from date of invoice for any defective merchandise.
 - 10 days from date of invoice for any concealed damage or concealed warehouse errors (such as shipping the wrong product or shortages).
 - 5 days from date of invoice for all visible damage and visible warehouse errors.
- Merchandise must be returned in the same unit of measure as purchased from A1GS.
- The following categories ("Ineligible Categories") are not eligible for return: food products, pharmaceuticals, Machine/Floor Equipment, discontinued or expired products, special order products, closeout merchandise, and skus for any lines Customer purchases direct from the manufacturer.
- A1GS will not accept returns of any sku in excess of the quantity of that sku Customer purchased from A1GS in the 30 days prior to the date A1GS receives the return.
- A1GS reserves the right to refuse returns that do not comply with these terms. A1GS will assess a 15% restocking charge for any returns A1GS accepts that do not comply with these terms.

During issuance of a Return Authorization all returns quantities will be verified against all purchase history from A1GS. Products not eligible for return will be returned to Customer, freight collect. Any requests for proof of delivery must be made within 60 days after the invoice is received; after 60 days no proof of delivery will be supplied.

REQUIRED FORMS

Per the requirements of this solicitation, A1GS has included the information listed below, immediately following this page

- *Contractor's E-Verify Clause and Affidavit*
- *Request For Formal Bid*
- *State of Alabama Disclosure Statement*
- *Form W-9*

Contractor's E-Verify Clause and Affidavit



Purchasing Department
P. O. Box 1627
Normal, Alabama 35762
(256) 372-6227 Office
(256) 372-6223 Fax

Contractor's E-Verify Clause and Affidavit

Effective immediately, this notice shall be included in all Requests for Proposals (RFPs) or Invitations to Bid to provide labor, supplies, or services for Alabama A&M University pursuant to contracts to be signed on or after January 1, 2012.

E-VERIFY – NOTICE (RFP)

The Beason-Hammon Alabama Taxpayer and Citizen Protection Act, Act No. 2011-535, *Code of Alabama (1975) § 31-13-1 through 31-13-30* (also known as and hereinafter referred to as “the Alabama Immigration Act”) is applicable to contracts with Alabama A&M University (the “University”). As a condition for the award of a contract and as a term and condition of the contract with the University, in accordance with § 31-13-9 (a) of the Alabama Immigration Act, any business entity or employer that employs one or more employees shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien and shall attest to such by sworn affidavit signed before a notary. Such business entity or employer shall provide a copy of such affidavit to the University as part of its bid or proposal for the contract along with documentation establishing that the business entity or employer is enrolled in the E-Verify program. The required affidavit form is included at the end of this notice. *A response to this RFP/Invitation which does not include the required affidavit and proof of E-Verify enrollment will be considered non-conforming and non-responsive. The University at its sole discretion may allow a reasonable period, not to exceed ten (10) business days, for non-conforming bids to be amended to comply with the Alabama Immigration Act. However, the University has no duty to alert any bidder that their response is non-conforming in any aspect.*

At the time of execution of the awarded contract, the contractor will be required to execute another affidavit in substantially the same form. In addition, during the performance of the contract, such contracting business entity or employer shall continue to participate in the E-Verify program and shall verify every employee that is required to be verified according to the applicable federal rules and regulations. The contracting business entity or employer shall assure and require that every subcontractor performing under the contract shall also comply with §31-13-9(c), and the contracting business entity or employer shall maintain records that are available upon request by the University, state authorities, or law enforcement to verify its compliance and the compliance of all subcontractors with the requirements of the Alabama Immigration Act. Failure to comply with these requirements may result in breach of contract, termination of the contract or subcontract, and possibly suspension or revocation of business licenses and permits in accordance with §31-13-9 (e) (1) & (2) or in the case of a subcontractor, in accordance with §31-13-9 (f) (1) & (2).

E-Verify Affidavit

Compliance with the requirements of the Beason-Hammon Alabama Taxpayer and Citizen Protection Act, Act No. 2011-535, *Code of Alabama (1975) § 31-13-1 through 31-13-30* (also known as and hereinafter referred to as "the Alabama Immigration Act") is required for Alabama A&M University contracts as a condition of the contract performance. Please provide a duly executed and notarized affidavit in the appropriate form as describe below.

AFFIDAVIT 1

I, _____, a duly authorized officer or agent of Not applicable _____ (contractor), do execute this affidavit on behalf of _____ (contractor) and by executing this affidavit, the undersigned contractor verifies that it is a sole proprietorship, partnership, corporation or other business entity (circle one) that has no employees.

The undersigned agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with Alabama A&M University, that the Contractor will secure from such subcontractor(s) verification of compliance with *Code of Alabama (1975) § 31-13-9* in a form substantially similar to this affidavit. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to Alabama A&M University, at the time the subcontractor is retained to perform such services.

Name of Contractor

Michael A. Hoyal
Signature of Authorized Officer or Agent of Contractor

Title of Authorized Officer or Agent of Contractor

MICHAEL A. HOYAL
Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20__.

Notary Public
My commission Expires: _____

OR

AFFIDAVIT 2

I, Michael A. Hoyal, a duly authorized officer or agent of ActOne Government Solutions, Inc. (contractor), do execute this affidavit on behalf of ActOne Government Solutions, Inc. (contractor) and by executing this affidavit, the undersigned contractor verifies its compliance with the Beason-Hammon Alabama Taxpayer and Citizen Protection Act, Act No. 2011-535 (*Code of Alabama (1975) § 31-13-9*), stating affirmatively that it does not knowingly employ, hire for employment, or continue to employ an unauthorized alien and that the sole proprietorship, partnership, or corporation or other business entity (circle one) which is contracting with Alabama A&M University has registered with and is participating in the federal work authorization program known as "E-verify", web address <https://e-verify.uscis.gov/enroll> operated by the United States Citizenship and Immigration Service Bureau of the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603, in accordance with the applicability provisions of the Alabama Immigration Act.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with Alabama A&M University, that the Contractor will secure from such subcontractor(s) verification of compliance with *Code of Alabama (1975) § 31-13-9* in a form substantially similar to this affidavit. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to Alabama A&M University, at the time the subcontractor is retained to perform such services.

1384089

E-Verify Employment Eligibility Verification User Identification Number
ActOne Government Solutions, Inc.

Name of Contractor

Michael A. Hoyal

Signature of Authorized Officer or Agent of Contractor
Chief Financial Officer

Title of Authorized Officer or Agent of Contractor
Michael A. Hoyal

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20__.

Notary Public

My commission Expires: _____

Please see attached CA Acknowledgement

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }
 County of Riverside }
 On September 18, 2019 before me, Jennifer Kidd-Humphreys
Date Here Insert Name and Title of the Officer
 personally appeared Michael A. Hoyal
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal and/or Stamp Above

Signature [Signature]
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____
 Document Date: _____ Number of Pages: _____
 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
<input type="checkbox"/> Corporate Officer – Title(s): _____	<input type="checkbox"/> Corporate Officer – Title(s): _____
<input type="checkbox"/> Partner – <input type="checkbox"/> Limited <input type="checkbox"/> General	<input type="checkbox"/> Partner – <input type="checkbox"/> Limited <input type="checkbox"/> General
<input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact	<input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact
<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian of Conservator	<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian of Conservator
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Signer is Representing: _____	Signer is Representing: _____

Proof of Citizenship Demonstration and Declaration

(To be provided with Affidavit Form 1)

In order for an individual, including an individual who is a sole proprietor, a partner in a partnership, a general partner in a limited partnership, a partner in a non-registered limited liability partnership, or a sole member of a single member limited liability company, who is a U.S. Citizen to receive a public benefit or conduct a business transaction with Alabama A&M University, each such citizen must declare his or her U.S. citizenship by executing the declaration at the bottom of this form, and must demonstrate his or her U.S. citizenship by presenting a legible copy of one of the following items.

Note that if the presented item does not include picture identification, please also provide a copy of a valid form of picture identification, and if the presented item does not show the person's current legal name, please also provide a copy of a supporting document to verify the legal name change. Please check which of the listed items has been provided:

- Driver's license or non-driver's identification card** (issued by Alabama *or* the division of motor vehicles or the equivalent governmental agency of another state within the United States *if* the agency indicates on the applicant's driver's license or non-driver's identification card that the person has provided satisfactory proof of United States citizenship).
- Birth certificate**
- Pertinent pages of a United States valid or expired passport** (identifying the applicant and the applicant's passport number),
- United States naturalization documents or the number of the certificate of naturalization.** (If only the number of the certificate of naturalization is provided, the applicant shall not be awarded any contract until the number of the certificate of naturalization is verified with the United States Bureau of Citizenship and Immigration Services by the designated City Official, pursuant to 8 U.S.C. § 1373(c)).
- Other documents or methods of proof of United States citizenship** (issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto).
- Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.**
- Consular report of birth abroad of a citizen of the United States of America.**
- Certificate of citizenship** (issued by the United States Citizenship and Immigration Services).
- Certification of report of birth** (issued by the United States Department of State).
- American Indian card, with KIC classification,** (issued by the United States Department of Homeland Security).
- Final adoption decree** (showing the applicant's name and United States birthplace).
- Official United States military record of service** (showing the applicant's place of birth in the United States).
- Extract from a United States hospital record of birth** (created at the time of the applicant's birth indicating the applicant's place of birth in the United States).

CITIZENSHIP DECLARATION

Under penalty of perjury, I, Michael A. Hoyal _____, *(print name of undersigned) the undersigned do hereby declare that I am a citizen of the United States of America.*

Michael A. Hoyal _____ *7/18/19*
(Declarant's Signature and Date)

Request For Formal Bid



ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY
PURCHASING DEPARTMENT
POST OFFICE BOX 1627
305 PATTON HALL
NORMAL, ALABAMA 35762
TELEPHONE: (256) 372-5227

DATE	BID NUMBER
08/20/2019	2K19-14B

ALL BIDS WILL BE PUBLICLY OPENED ON THE OPENING DATE DESIGNATED AT ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY, PURCHASING DEPARTMENT, PATTON HALL, NORMAL, ALABAMA 35762. BIDS RECEIVED AFTER THE SPECIFIED TIME ON THE OPENING DATE WILL NOT BE CONSIDERED.

RESPONSE DUE BY
09/19/2019
2:00 P.M.

REQUEST FOR FORMAL BID

WHEN USING FEDEX, UPS, OR ANY EXPRESS PACKAGING/SHIPPING, THE BID NUMBER MUST BE CLEARLY PRINTED ON THE AIR BILL.

CONTACT **Tim Thornton** PHONE **256 372-5227**

PAGE 1 OF 2

VENDOR NO.

V
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ActOne Government Solutions, Inc.

ALL BIDS MUST BE SIGNED, SEALED, AND RETURNED IN AN ENVELOPE WITH THE BID NUMBER AND OPENING DATE NOTED ON FRONT. FORWARD ALL BIDS TO THE ADDRESS INDICATED ABOVE. FAILURE TO COMPLY WILL RESULT IN A "NO BID" RESPONSE IN ACCORDANCE WITH ALABAMA COMPETITIVE BID LAW 41-16-24 sub-part b.

THE ABOVE BID NUMBER MUST APPEAR ON ALL BIDS AND RELATED CORRESPONDENCE

NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
1	1	EA	Navigator 8.5 x 11-20# paper per carton of 5000 sheets or approved equal	\$47.86	N/A
2	1	EA	Navigator 8.5 x 14-20# paper per carton of 5000 sheets or approved equal	\$71.50	N/A
3	1	EA	Declaration 8.5 x 11-20# paper per carton of 5000 sheets or approved equal 95 Bright	no bid	N/A
4	1	EA	Navigator or Springhill Relay MP brand 8.5 x 14-20# paper per carton of 5000 sheets	\$71.50	N/A
5	1	EA	Lynx or Accent Opaque Smooth 11 x 17 60# White or approved equal 2500/cs	no bid	N/A
6	1	EA	Lynx or Accent Opaque Smooth 8.5 x 11 70# White or approved equal 4000/cs	no bid	N/A
7	1	EA	Lynx or Accent Opaque Smooth 11 x 17 70# White or approved equal 2000/cs	no bid	N/A
8	1	EA	Lynx or Accent Opaque Smooth 8.5 x 11 60# White or approved equal 5000/cs	no bid	N/A

TOTAL \$190.86

SHOULD A PURCHASE ORDER BE ISSUED, THE FOREGOING AND THE TERMS AND CONDITIONS ON THE ATTACHED SHEET SHALL BE APPLICABLE AND BINDING UPON THE VENDOR.
I ACKNOWLEDGE THAT I HAVE SIGNATURE AUTHORITY TO SIGN ON BEHALF OF THE COMPANY AND HEREBY AGREE TO ALL GENERAL CONDITIONS OF THIS BID REQUEST.

SIGNATURE *Michael A. Hoyal*
MICHAEL A. HOYAL
CFO

DATE 9/18/19
An affirmative action/equal opportunity institution



ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY
 PURCHASING DEPARTMENT
 POST OFFICE BOX 1627
 305 PATTON HALL
 NORMAL, ALABAMA 35762
 TELEPHONE: (256) 372-5227

DATE 08/20/2019	BID NUMBER 2K19-14B
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RESPONSE DUE BY
 09/19/2019
 2:00 P.M.

ALL BIDS WILL BE PUBLICLY OPENED ON THE OPENING DATE DESIGNATED AT ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY, PURCHASING DEPARTMENT, PATTON HALL, NORMAL, ALABAMA 35762. BIDS RECEIVED AFTER THE SPECIFIED TIME ON THE OPENING DATE WILL NOT BE CONSIDERED.

REQUEST FOR FORMAL BID

WHEN USING FEDEX, UPS, OR ANY EXPRESS PACKAGING/SHIPPING, THE BID NUMBER MUST BE CLEARLY PRINTED ON THE AIR BILL.

CONTACT PHONE 256 372-5227

Tim Thornton

PAGE 2 OF 2

VENDOR NO.

V
E
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D
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R

ActOne Government Solutions, Inc.

ALL BIDS MUST BE SIGNED, SEALED, AND RETURNED IN AN ENVELOPE WITH THE BID NUMBER AND OPENING DATE NOTED ON FRONT. FORWARD ALL BIDS TO THE ADDRESS INDICATED ABOVE. FAILURE TO COMPLY WILL RESULT IN A "NO BID" RESPONSE IN ACCORDANCE WITH ALABAMA COMPETITIVE BID LAW 41-16-24 sub-part b.

THE ABOVE BID NUMBER MUST APPEAR ON ALL BIDS AND RELATED CORRESPONDENCE

NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
9	1	EA	Cougar or Accent Digital Color Copy Cover 18 x 12 120#, White Bulk, Single Ply or approved equal 500/cs	no bid	N/A
10	1	EA	Hammermill Color Copy Cover Smooth 8.5 x 11 60# Photo White or approved equal 2500/cs	\$84.36	N/A
11	1	EA	Waverly Hall or Cougar Announcement Envelopes #5.5 - 28# Baronial White or approved equal 2500/cs	no bid	N/A
12	1	EA	Blazer or Athens ProDigital Digital Gloss Cover 18 x 12, 130# White 500/cs	no bid	N/A
13	1	EA	Hammermill Fore D.P. 20# Colors 8.5 x 11	\$63.90	N/A
14	1	EA	NCR 8.5 x 11 - 2 pt. 5000/cs	no bid	N/A
15	1	EA	NCR 11 x 17 - 2 pt. 2500/cs	no bid	N/A
16	1	EA	NCR 8.5 x 11 - 3 pt. 5000/cs	no bid	N/A
17	1	EA	NCR 11 x 17 - 3 pt. 2500/cs	no bid	N/A

SHOULD A PURCHASE ORDER BE ISSUED, THE FOREGOING AND THE TERMS AND CONDITIONS ON THE ATTACHED SHEET SHALL BE APPLICABLE AND BINDING UPON THE VENDOR. I ACKNOWLEDGE THAT I HAVE SIGNATURE AUTHORITY TO SIGN ON BEHALF OF THE COMPANY AND HEREBY AGREE TO ALL GENERAL CONDITIONS OF THIS BID REQUEST.

TOTAL	\$148.26
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SIGNATURE Michael A. Hoyal
MICHAEL A. HOYAL
 CFO

DATE 9/18/19
 An affirmative action/equal opportunity institution

State of Alabama Disclosure Statement



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM
ActOne Government Solutions, Inc.

ADDRESS
1999 West 190th Street

CITY, STATE, ZIP
Torrance, CA 90504

TELEPHONE NUMBER
(833) 203-8928

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD
Alabama A&M University

ADDRESS
4900 Miridian Street, Patton Hall, Room 305

CITY, STATE, ZIP
Normal, AL 35762

TELEPHONE NUMBER
(256) 372-5227

This form is provided with:

Contract
 Proposal
 Request for Proposal
 Invitation to Bid
 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.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED

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.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF 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 proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY
Not applicable.		

OVER

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	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
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Not applicable.

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.)

Not applicable.

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.)

Not applicable.

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

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
----------------------------------	---------

Not applicable.

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.

Signature Michael A. Hoyal Date 9/18/19
MICHAEL A. HOYAL
CFO

Notary's Signature Please see attached CA Jurat Date _____ Date Notary Expires _____

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.

CALIFORNIA JURAT

GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Riverside



Subscribed and sworn to (or affirmed) before me on this 18th day of September, 2019, by

(1) Michael A. Hoyal

(and (2) - NA -),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature 
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. ActOne Government Solutions, Inc.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>5</u> Exemption from FATCA reporting code (if any) <u>N/A</u> <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 8330 W. Sahara Ave., Suite 290	Requester's name and address (optional) Alabama Agricultural and Mechanical University 4900 Meridian Street, Patton Hall, Room 305 Normal, AL 35762	
	6 City, state, and ZIP code Las Vegas, NV 89117		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
			-							
or										
Employer identification number										
4	7		-	4	7	2	2	6	7	5

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to file the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	<i>Mark A. Hengel, C.F.O.</i>	Date ▶	<i>9/18/19</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.