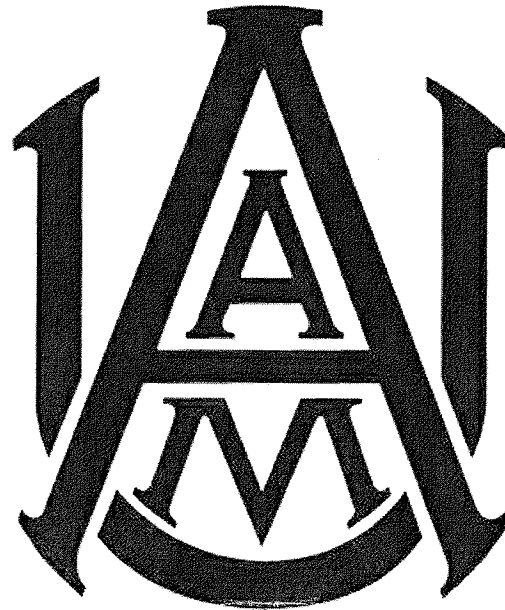


LATE

# Alabama A&M University



**Passenger Bus Transportation for**

**Women's Soccer Team**

**Invitation to Bid (ITB) 2K18-19B**

**Bid Submission Deadline: 2 P.M. CST, May 22, 2018**



**Alabama A&M University 2018 Bulldog Women's Soccer Travel Arrangements & Proposal Sheet**

<b>OPPONENT</b>	<b>LOCATION</b>	<b>Dep. D/T</b>	<b>DEPART FROM</b>	<b>CHECK -IN</b>	<b>CHECK -OUT</b>	<b>RETURN</b>	<b>TRANSPORT</b>	<b>BUS CAPACITY</b>	<b>QTY REQ'D</b>	<b>COST</b>
Univ. of South Alabama	Mobile, AL	Aug. 6 @ 10 AM	Elmore Gymnasium / AAMU	Aug. 6	Aug. 8	Elmore Gymnasium / AAMU	Charter Bus	56 Passenger	1	\$2,700.00
Univ. of Tennessee Chattanooga	Chattanooga, TN	Aug. 17 @ 9 AM	Elmore Gymnasium / AAMU	Aug 17	Aug 18	Elmore Gymnasium / AAMU	Charter Bus	56 Passenger	1	\$1,800.00
Univ. of North Alabama	Florence, AL	Aug. 19 @ 9:30 AM	Elmore Gymnasium / AAMU	Aug 18	Aug 19	Elmore Gymnasium / AAMU	Charter Bus	56 Passenger	1	\$1,800.00
Austin Peay Univ.	Clarksville, AL	Aug. 23 @ 3 PM	Elmore Gymnasium / AAMU	Aug. 23	Aug. 24	Elmore Gymnasium / AAMU	Charter Bus	56 Passenger	1	\$1,800.00
Winthrop Univ.	Rock Hill, SC	Sept. 6 @ 5 AM	Elmore Gymnasium / AAMU	Sept. 6	Sept. 7	Elmore Gymnasium / AAMU	Charter Bus	56 Passenger	1	\$3,595.00
Jackson State Univ.	Jackson, MS	Sept. 20 @ 6 AM	Elmore Gymnasium / AAMU	Sept. 20	Sept. 21	Elmore Gymnasium / AAMU	Charter Bus	56 Passenger	1	/
Southern Univ.	Baton Rouge, LA	Sept. 21 @ 9 PM	Jackson, MS	Sept. 21	Sept. 22	Elmore Gymnasium / AAMU	Charter Bus	56 Passenger	1	\$4,995.00
Texas Southern Univ.	Houston, TX	Oct. 3 @ 7 PM	Elmore Gymnasium / AAMU	Oct. 4	Oct. 6	Elmore Gymnasium / AAMU	Charter Bus	56 Passenger	1	/
Prairie View A&M Univ.	Prairie View, TX	Oct. 5 @ 9 PM	Houston, TX	Oct. 6	Oct. 7	Elmore Gymnasium / AAMU	Charter Bus	56 Passenger	1	\$7,600.00
Howard Univ.	TBA	TBA	Elmore Gymnasium / AAMU	TBA	TBA	Elmore Gymnasium / AAMU	Charter Bus	56 Passenger	1	????
Alabama State Univ.	Montgomery, AL	Oct. 26 @ 12 PM	Elmore Gymnasium / AAMU	No Room	No Room	Elmore Gymnasium / AAMU	Charter Bus	56 Passenger	1	\$1,500.00
SWAC Championships	Prairie View, TX	Oct. 30	N/A	Oct. 30	Nov. 5	Elmore Gymnasium / AAMU	Flight/ Intra State Charter	56 Passenger	1	\$8,995.00

\*Flight/Intra-State Charter is defined as vendor will transport team at destination upon arrival via airplane. Vendor will transport team from destination airport to hotel, event, and all other activities within destination city, and transport team back to airport to depart. Vendor will not take team from AAMU to Airport for initial departure.

Should a purchase order be issued, the foregoing and the terms and conditions on the attached sheets 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**

**DATE**



**Alabama A&M University Marching Band**

***Buses provided for the trips must meet the following requirements:***

- Buses that are sent to us for use must be no older than the 2013 models in excellent running condition, (your latest models preferred). In the event that the bus/buses does not meet our requirements, we reserve the right to a reduction in price or the right to cancel services for the remainder of the bid term.
- 55/56 passenger coach
- The bus exterior physical appearance (color, graphics, etc.) should be identical for all total requested buses
- Roomy reclining seats with foot rest
- Individual reading lights and above head air vent controls
- Working Audio/DVD video equipment
- Cell phone charging ports
- Spacious clean restroom
- Overhead racks for carry-on bags
- Climate-controlled air conditioning and heating systems
- Large, weather-proof luggage compartments below bus
- Wi-Fi and/or Satellite Capability
- Bus driver must be knowledgeable regarding site-directions per itinerary
- Buses must be punctual and capable of arriving and departure time per itinerary
- Buses should be serviced and ready for travel prior to departure. Should a bus breakdown, another bus should be made available immediately. If this problem persists, we reserve the right to cancel services for the remainder of the bid term.
- Kneeling coaches to shorten the distance between the ground the ground and the first step
- Successful bidder must be a member of either the United Bus Owner's Association, or the American Bus Association/United Motor Coaches of America
- The bidder must be licensed for interstate and intrastate passenger transportation
- Each bus must be equipped with all safety devices and must meet all applicable state and federal requirements.
- Each bus must have affixed a current DOT inspection sticker
- The successful bidder will be required to provide a Certificate of Insurance to the University
- The University reserves the right to cancel a trip at any time due to inclement weather or schedule changes.
- Award will be made to the bidder who is determined by the University who best meet its need and objectives.

I Randy Fultz  
(Signature)

, representative of

ACR Coach

(Name of Vendor/Company)

Understand by signing this Bus Bid Requirement from Alabama A&M University Athletic Department, that my company is responsible for meeting all requirements as listed or may not be considered as a vendor.

Note: In order for an alternate bid to be considered, bidders must supply current catalogs or brochures, including pictorials and specifications.

Please indicate your company classification by circling the appropriate initial: Small Business (SB), a Small Disadvantaged Business (SD), a Black Small Disadvantaged Business (BD), a Woman-Owned Small Business (WB), a Woman-Owned Small Disadvantaged Business (WD), a Black Woman-Owned Small Disadvantaged Business (BW), a Large Business (LB), an Individual (IN), Educational (ED), Non-Profit (NP), a Labor Surplus Area Concern (LS), Disabled Veteran-Owned Small Business (DV), Veteran-Owned Small Business (VS), Historically Underutilized Business Zone (UZ), or a Governmental Agency (GV).

F.O.B. Point	TERMS	WARRANTY
AAMU DESTINATION	YOUR REFERENCE NO.*	QUOTATION EFFECTIVE UNTIL
ESTIMATED DELIVERY		

\*Your company reference number, if applicable with this bid quotation.

**Certification Pursuant To Act No. 2006-557**

Alabama Law (Section 41-4-116, Code of Alabama 1975) provides that every bid submitted and contract executed shall contain a certification that the vendor, contractor, and all of its affiliates that make sales for delivery into Alabama or leases for use in Alabama are registered, collecting, and remitting Alabama state and local sales, use, and/or lease tax on all taxable sales and leases into Alabama. By submitting this bid, the bidder is hereby certifying that they are in full compliance with Act No. 2006-557, they are not barred from bidding or entering into a contract pursuant to 41-4-116, and acknowledges that the awarding authority may declare the contract void if the certification is false.

-----  
 COMPANY NAME (TYPE OR PRINT)

-----  
 TELEPHONE NUMBER

-----  
 SIGNER'S NAME (TYPE OR PRINT)

-----  
 FAX NUMBER

-----  
 SIGNATURE

-----  
 DATE

Alabama Agricultural and Mechanical University prohibits the installation of asbestos on its campus. Suppliers and contractors will not supply any equipment, material, or supplies, which contain asbestos without prior written approval.

Failure to designate Bid Number and Opening Date on the outside of your sealed envelope containing your bid and more than one bid submitted in this envelope will result in a "No Bid" response in accordance with Alabama Competitive Bid Law 41-16-24 subpart b.

Alabama Agricultural and Mechanical University will not accept faxed bids.

Any product that fails to meet the specifications, performance requirements or compatibility requirements will be rejected and returned to the vendor at no cost to the University.

The University reserves the right to award this contract, in whole, in part, or to reject any and all quotations.

Alabama A & M University is an instrumentality of the State and is federal, state and local tax exempt.

**SPECIAL NOTE:**

Manufacturer's published product data must be included with your bid response for any alternate offerings. Any exception taken to any portion of this Request for Price Quotation must be stated on the bid response sheets or Alabama A&M University will assume compliance with all requirements as stated. The successful bidder will be responsible and accountable for providing those items as specified in its bid response.

**Note:** In order for an alternate bid to be considered, bidders must supply current catalogs or brochures, including pictorials and specifications.

Please indicate your company classification by circling the appropriate initial: Small Business (SB), a Small Disadvantaged Business (SD), a Black Small Disadvantaged Business (BD), a Woman-Owned Small Business (WB), a Woman-Owned Small Disadvantaged Business (WD), a Black Woman-Owned Small Disadvantaged Business (BW), a Large Business (LB), an Individual (IN), Educational (ED), Non-Profit (NP), a Labor Surplus Area Concern (LS), Disabled Veteran-Owned Small Business (DV), Veteran-Owned Small Business (VS), Historically Underutilized Business Zone (UZ), or a Governmental Agency (GV).

F.O.B. Point:	TERMS	WARRANTY
AAMU DESTINATION	YOUR REFERENCE NO.*	QUOTATION EFFECTIVE UNTIL
ESTIMATED DELIVERY		

\*Your company reference number, if applicable with this bid quotation.

**Certification Pursuant To Act No. 2006-557**

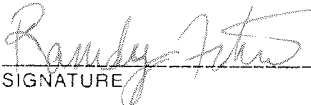
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Coach Ride, LLC dba ACR Coach  
COMPANY NAME (TYPE OR PRINT)

662-244-5773  
TELEPHONE NUMBER

Randy Futral  
SIGNER'S NAME (TYPE OR PRINT)

662-244-5779  
FAX NUMBER

  
SIGNATURE

May 18, 2018  
DATE

Alabama Agricultural and Mechanical University prohibits the installation of asbestos on its campus. Suppliers and contractors will not supply any equipment, material, or supplies, which contain asbestos without prior written approval.

Failure to designate Bid Number and Opening Date on the outside of your sealed envelope containing your bid and more than one bid submitted in this envelope will result in a "No Bid" response in accordance with Alabama Competitive Bid Law 41-16-24 subpart b.

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**FLEET SCHEDULE**

COACH RIDE, LLC DBA: ACR COACH  
 Effective 10/10/2017 to 10/10/2018  
 Updated

UNIT #	YEAR	MAKE	PAX	ID #		
1)53 Starkville	2013	Volvo	56	3CET2S220D5157697		
2)54 Starkville	2015	Volvo	56	3CET2V224F5170554		
3)55 Starkville	2015	Volvo	56	3CET2V222F5171282		
4)56 Starkville	2013	Volvo	54	3CET2S221D5155361		
5)57 Starkville	2017	Volvo	56	3CET2V221H5179960		
6)70 Starkville	2013	Prevost	56	2PCH33490DC712365		
7)71 Starkville	2013	Prevost	56	2PCH33491DC712388		
8)75 Starkville	2015	Prevost	52	2PCH33498FC712925		
9)76 Starkville	2015	Prevost	52	2PCH33491FC712927		
10) 77 Starkville	2015	Prevost	52	2PCH33493FC712928		
11) 81 Starkville	2013	MCI	56	2MG3JMBA0DW066543		
12) 82 Starkville	2013	MCI	54	2MG3JMBA3DW066553		
13) 137 Starkville	2018	Freightlnr	37	4UZADSFC2JCJN0760		
14) 237 Starkville	2018	Freightlnr	37	4UZADSFC4JCJN0761		
15) 575 Starkville	2013	Prevost	28	2PCX3349411027661	SLEEPER	
16) 540 Starkville	2013	Prevost	28	2PCY3349031028040	SLEEPER	
17) 542 Starkville	2013	Prevost	28	2PCY3349711027545	SLEEPER	
18) 124 Starkville	2017	Freightlnr	24	4UZADRDU1HCJJ7019	MINI.	
19) 224 Starkville	2017	Freightlnr	24	4UZADRFD6HCJK9776	MINI	



## 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, David Futral, (print name of undersigned) the undersigned do hereby declare that I am a citizen of the United States of America.

David Futral  
(Declarant's Signature and Date)



*Michael Fisher*  
 COMMISSIONER

2021 **MISSISSIPPI**  
*the Hospitality State*  
**CDL**  
 CLASS **A**  
**COMMERCIAL LICENSE**  
 FUTRAL, JR DAVID RANDALL

License No: **6U0065779** Expires: **04-23-2021**

Issue Date	Birth Date	Wt	Sex	Ht
03-08-2016	04-23-1975	195	M	6-00

Class	Restrictions	Endorsements	QUIP
A	4	PE	

770652116

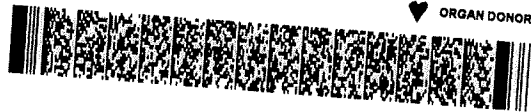
FUTRAL, JR DAVID RANDALL  
 547 MAYHEW ROAD  
 STARKVILLE MS 39759

*David Randall Futral*

MDPS web address: <http://www.dps.state.ms.us>  
 Class: A - Class A Commercial License  
 Endorsements: P - Passenger Vehicles E - Motorcycle  
 Restrictions: 4 - Except class A Bus

Medical: No Medical Restriction

 ORGAN DONOR





## 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.	
	COACH RIDE, LLC	
	2 Business name/disregarded entity name, if different from above	
	ACR COACH	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> 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) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.)	
P. O. BOX 1882		
6 City, state, and ZIP code		
STARKVILLE, MS 39760		
7 List account number(s) here (optional)		
Requester's name and address (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.

<b>Social security number</b>	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
<b>or</b>	
<b>Employer identification number</b>	
9 0 - 0 8 0 8 4 3 4	

**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 sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Stephanie Fital</i>	Date ▶ <i>5/8/10</i>
------------------	---	----------------------

**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](http://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.







# State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM COACH RIDE, LLC dba ACR COACH

ADDRESS P. O. BOX 1882

CITY, STATE, ZIP STARKVILLE, MS 39760

TELEPHONE NUMBER  
(662-244-5773)

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
- 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

N/A

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

N/A



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
-----------------------	---------	---	--

N/A

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.)

N/A

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.)

N/A

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:

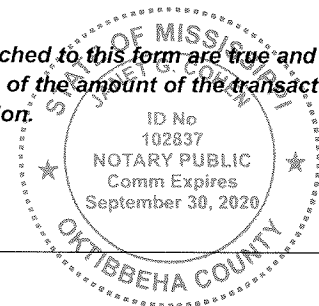
NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
----------------------------------	---------

N/A

*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.*

*Randy J. [Signature]*  
Signature

*5/8/18*  
Date



*[Signature]*  
Notary's Signature

*5-8-18*  
Date

*9-30-2020*  
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.



AFFIDAVIT 2

I, Randy Futral, a duly authorized officer or agent of ACR Coach (contractor), do execute this affidavit on behalf of ACR Coach (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.

\_\_\_\_\_  
E-Verify Employment Eligibility Verification User Identification Number

ACR Coach  
\_\_\_\_\_  
Name of Contractor

Randy Futral  
\_\_\_\_\_  
Signature of Authorized Officer or Agent of Contractor

President  
\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor

Randy Futral  
\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 11<sup>th</sup> DAY OF May, 2018.

Jamet G. Cohen  
\_\_\_\_\_  
Notary Public

My commission Expires: 9-30-2020



**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 \_\_\_\_\_(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

\_\_\_\_\_  
Signature of Authorized Officer or Agent of Contractor

\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public  
My commission Expires: \_\_\_\_\_

**OR**