VENDOR DISCLOSURE STATEMENT

In compliance with the policies of The Board of Trustees of the University of Alabama, The University of Alabama System Office, this University, and with Alabama state law, this Disclosure Statement shall be completed for all contracts, such as proposals, bids, and contracts, including consulting/professional service contracts unless otherwise exempted (“Agreements”). The Board of Trustees of The University of Alabama reserves the right to refuse to enter into or to cancel, without penalty, any contract or agreement with any entity or individual who does not provide all of the information requested below, or who makes false or incomplete disclosures.

Definitions
For the purposes of this form, the following terms shall have the following meanings:

- **Agreement.** Any agreement, contract, memorandum of understanding, or grant document under which goods or services are to be provided by You.
- **Entity.** The corporation, partnership, sole proprietorship, individual or business of any kind in whose name or on whose behalf the goods or services are being provided to the University.
- **Family Member.** Your spouse, dependent, an adult child and his or her spouse, a parent, a spouse’s parents, and a sibling and his or her spouse. The term "Dependent" shall include any person, regardless of his or her legal residence or domicile, who receives more than 50 percent of his or her support from the public official or employee or his or her spouse, or who resides with the public official or employee for more than 100 days during the reporting period.
- **Public Official.** Any person elected to public office, whether or not that person has taken office, by vote of the people at state, county, or municipal level of government or their instrumentalities, including governmental corporations, and any person appointed to take a position at the state, county, or municipal level of government or their instrumentalities, including governmental corporations.
- **Relationship.** Limited to familial or business in nature, or a personal relationship that the existence of which creates a Conflict of Interest or the appearance of a Conflict of Interest that would require disclosure under Board Rule 106.
- **UAS.** The Board of Trustees of The University of Alabama, and its constituent divisions including The University of Alabama System Office, The University of Alabama, The University of Alabama at Birmingham, and The University of Alabama in Huntsville.
- **You.** Includes, (1) the individual(s) or representative(s) of the Entity who (a) solicited the Agreement or (b) are responsible for managing the account or relationship with the University, and their partners or co-owners; and (2) any member of the of foregoing individuals' immediate family (that You know to have a direct familial relationship with a UAS employee or official or family member of a UAS employee or official).

1. Name of Entity and Individual Completing this Form (may be completed by an authorized account manager/representative)

<table>
<thead>
<tr>
<th>Entity Name:</th>
<th>Individual Name:</th>
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<tbody>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>Address Line 1:</td>
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<tr>
<td>Address Line 2:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Telephone:</td>
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</tbody>
</table>
2. UAS Entity with which You propose an Agreement? (i.e. University, College, Department, etc.)

3. Describe the proposed Agreement:
   Goods and services to be provided: ______________________________________________________
   Grant or proposal number (if applicable): ________________________________________________
   Amount or anticipated amount: _______________________________________________________
   Term: ____________________________________________________________________________

   Is the proposed Agreement the result of a competitive or bid process?  Yes □  No □

4. Have "You" (See definition above) or the Entity supplying the goods or services previously provided goods
   and/ or services to UAS within the current or last fiscal year?  Yes □  No □

   If yes, please provide the following information for each other agreement for such goods and/or services.

   Entity Providing Goods or Services: _____________________________________________________
   Campus and Department: ______________________________________________________________
   Type of Goods/Services: ______________________________________________________________
   Amount Received: __________________________________________________________________

   Entity Providing Goods or Services: _____________________________________________________
   Campus and Department: ______________________________________________________________
   Type of Goods/Services: ______________________________________________________________
   Amount Received: __________________________________________________________________

   If you need to provide further details on goods or services provided to UAS within the current or last fiscal year,
   please attach an addendum to this Disclosure Statement.

5. Did the amount of goods and/ or services identified in response to Question 4 total $1,000,000 or more?  Yes □  No □

6. Do You have a relationship with a UAS employee, UAS Trustee, or Public Official who may directly or
   indirectly receive any benefit from the proposed Agreement or whose family member may directly or
   indirectly benefit?  Yes □  No □

   If yes, please provide the following information for each UAS employee, Trustee, or Public Official with whom
   You have a Relationship.

   Name of UAS employee, Trustee, or Public Official: _________________________________
   Campus/department where employed or position held: _________________________________
   Nature of relationship: _____________________________________________________________
   Potential Benefit: __________________________________________________________________
Name of UAS employee, Trustee, or Public Official: ________________________________

Campus/department where employed or position held: ____________________________

Nature of relationship: _______________________________________________________

Potential Benefit: ____________________________________________________________

If you need to provide further information regarding UAS employees, Trustees, or Public Officials with whom You have a Relationship, and who may directly or indirectly benefit from this Agreement, please attach an addendum to this Disclosure Statement.

7. Have any paid consultants and/or lobbyists assisted in obtaining the proposed Agreement?
   Yes ☐ No ☐

   If yes, please provide the following information for each consultant or lobbyist.
   Name: ________________________________________________________________
   Address: ______________________________________________________________

   Name: ________________________________________________________________
   Address: ______________________________________________________________

   If you need to provide further information regarding paid consultants and/or lobbyists utilized to obtain the proposed Agreement, please attach an addendum to this Disclosure Statement.

8. List any current litigation or administrative action that has been filed within the last 3 years, either state or federal, related to public or higher education construction or finance that the contractor or others associated with the firm may have against them.

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. By proposing or entering into an Agreement with UAS, I certify I am authorized to complete this form on behalf of the Entity in whose name or on whose behalf goods or services are being provided, and I further certify no employee or official of UAS, nor any of their family members or any business with which they may be associated, will receive a benefit from this contract, except as has been disclosed, in writing herein. I will promptly disclose any Relationship which may arise in the future, or any existing Relationship which may become known to me, and update this statement to disclose the same.

Signature __________________________ Date __________________________