

Alabama Workforce Investment System

**Office of Workforce Development
Workforce Development Division
401 Adams Avenue
Post Office Box 5690
Montgomery, Alabama 36103-5690**

August 9, 2004

GOVERNOR'S WORKFORCE DEVELOPMENT DIRECTIVE NO. PY2000-29, Change 8

SUBJECT: Workforce Investment Act (WIA) Incumbent Worker Training Program

- 1. Purpose.** To issue the attached revised guidelines and application for the WIA Incumbent Worker Training Program.
- 2. Discussion.** The WIA Incumbent Worker Training guidelines and application were revised in an effort to provide additional clarification on the program requirements. A section was added to address commonly asked questions in an effort to help alleviate confusion with the process used to apply for Incumbent Worker Training funds.

These guidelines apply to state level Incumbent Worker Training programs. If local workforce investment areas are given the option (via USDOL approved waiver) to fund Incumbent Worker Training programs, they may adopt these guidelines or develop their own procedures.
- 3. Action.** A copy of the updated Alabama WIA Incumbent Worker Training Program Guidelines is attached. Please read the revised program guidelines and application form for updated information about the program. The information in the program guidelines is also to be made available to all interested program applicants. Please discard previous program application forms.
- 4. Contact.** Any questions regarding this Directive should be addressed to Carmen Moa-Rivera (334) 353-1799 or Sara Calhoun (334) 353-1632 in the State Programs and Divisional Budget Management Section, Workforce Development Division.



Steve Walkley, Division Director
Workforce Development Division

Attachment

WORKFORCE INVESTMENT ACT (WIA)
ALABAMA INCUMBENT WORKER TRAINING PROGRAM
PROGRAM GUIDELINES
PROGRAM YEAR: 2004-05

The Workforce Investment Act (WIA), Incumbent Worker Training Program is funded by the United States Department of Labor and administered by the Office of Workforce Development. The purpose of the program is to provide assistance to Alabama employers to help with certain expenses associated with new or upgraded skills training of full-time, permanent company employees.

The maximum funding award for training projects is \$50,000.00 for each business location, which must be matched at least dollar-for-dollar by the employer. Training projects are funded on a first come/first served basis until the budgeted funds are obligated. As of April 1, 2004, the budget for this program is \$1,000,000 for the period ending June 30, 2005.

PROGRAM GUIDELINES

Applications for the 2004-2005 WIA Incumbent Worker Training Program are open to all Alabama for-profit companies that did not receive funding assistance from the Alabama WIA Incumbent Worker Training program during the program year 2003-2004, beginning on July 1, 2003, and ending June 30, 2004.

BUSINESS APPLYING FOR FUNDING:

- Must be a "FOR-PROFIT" business that has been in operation in Alabama for a minimum of two (2) years before the application date.
- Must have at least one full-time, permanent employee.
- Must demonstrate financial viability and must be current on all state and federal tax obligations.
- Must present a training program that provides for new and/or upgraded job skills that are necessary for the company to maintain or increase competitiveness in the global economy and must provide job security to the workers.
- Can only be considered for a funding assistance award every other program year.
- Assurances that it cannot afford to otherwise make the training available.

BUSINESSES NOT ELIGIBLE TO APPLY FOR FUNDING:

- A business currently receiving training funds from ADECA or the Office of Workforce Development, which are a duplication of training efforts outlined in the proposed IWT project.
- A business that has received funds, either directly or indirectly, from the state of Alabama, under any previous training initiative, and the terms of the agreement for training were not met or completed.
- A training provider.
- A labor union.
- A government entity.
- WIA rules and regulations 667.268(a)(2), state that if a company relocation (to Alabama) has resulted in any employee losing his or her job at the original location, the company cannot be considered for WIA funds for 120 days after relocation.
- The training project is not designed for businesses in which continuous employee education is necessary to retain professional certification such as CPA firms, insurance companies, law firms, etc.

PRIORITY WILL BE GIVEN TO:

- Businesses with 25 employees or less.
- Businesses in rural areas.
- Businesses in distressed inner-city areas.
- Businesses whose grant proposals represent a significant upgrade in employee skills such as: job specific retraining, or skills upgrading related to new work processes or business restructuring, introduction of new industry technology, or other organization strategies designed to prevent dislocation of Alabama businesses or workers.
- Businesses whose grant proposals represent a significant workers' layoff avoidance strategy.
- Businesses of an industry experiencing significant labor shortages—training or retraining of present workers in response to a shortage of skilled labor to meet job demands.
- Businesses that select public training providers.
- Businesses that hired recent recipients of public assistance such as WIA, UI benefits, and rehabilitative services or individuals recently released from a correctional facility.
- Businesses that listed job openings with the Alabama Employment Service.
- Businesses that never received a training award under this program.
- Consortia (group or multiple) of Businesses combining to reduce training costs and company downtime.

TRAINING SERVICES:

- Can be provided through Alabama's public or private educational institutions, private training organizations, professional trainers hired by the company, or a combination of training providers.
- Can be conducted at the business's own facility, at the training provider's facility, or at a combination of sites.
- Can be occupational skills training that is designed to meet the special requirements of a business or a group of businesses and that is conducted with employer commitments to continue to employ all trained individuals upon successful completion of the training.
- Can be educational training including workplace literacy, basic skills, "soft" skills, and English as a Second Language (ESL). An applicant must demonstrate the effect of the training on business operations and identify the transferable skills acquired by employees.

REIMBURSABLE TRAINING EXPENSES (with Proper Documentation):

- Non-company, professional instructors'/trainers' salaries.
- Tuition costs for training courses or programs.
- Textbooks/manuals directly related to training.
- Expendable materials and supplies directly related to training.
- Computer software that is used 100% for training activities only.
- Curriculum development expenses.

NON-REIMBURSABLE COSTS:

- Trainee (employee) wages.
- Travel expenses of trainers or trainees.
- Purchases of capital equipment or other durable training materials/equipment (durable = long lasting/reusable).
- Purchase of any item or service that may be used outside of the training project.
- Any costs not approved in the agreement.
- Any training-related expenses incurred before project approval or beyond the ending date of the agreement.
- Any training currently being offered by the employer, e.g., ongoing training sessions.
- Capital improvements and purchase of real estate, to include the construction or renovation of facilities or buildings.
- Business related expenses.
- Employment or training in sectarian activities.

FUNDING AWARDS:

- A business approved for funding enters into a written agreement with ADECA/Office of Workforce Development, which commits the business to complete the training project as proposed in the application.
- Approved budget items are reimbursed upon presentation of adequate documentation of the training and evidence that the employer has paid the training expenses incurred during the term of the agreement.
- **A business approved for funding must provide a matching contribution to the training project. Employers are required to provide a minimum of 50% of the total training dollars.**
- A business approved for funding will keep accurate records of the project's implementation process and certify that all information provided for requesting reimbursements and reporting training activities are accurate and true.
- A business must submit reimbursement requests with required support documentation in accordance with the terms of the agreement.
- Contract/training periods may not exceed 12 months.
- The employer must agree to make employees available for the collection of enrollment data for the program. Employees must agree to cooperate with data collection requirements.
- **A business shall provide sufficient documentation to the Career Center for identification of all employee participants for data entry into the Alabama Management Information System as required by WIA, as well as information deemed pertinent to the grant administrator.**

PARTICIPANT (INCUMBENT WORKER TRAINEE) REQUIREMENTS:

- WIA enrollment forms must be completed on all training participants of Incumbent Worker Training Projects.
- The enrollment information must be entered into the State's Information Management Reporting System. The Alabama Career Center System office staff will assist with the paperwork and will submit all required employee data to the Office of Workforce Development for data entry.
- **Please note** - Social Security Numbers for all employees (who are to receive training) are a required part of the enrollment process. Employees and employee representatives or union-represented employees need to be made aware of the data collection requirements prior to a company's submission of an application request. Companies whose employees do not wish to provide the enrollment/data information required should not apply for Incumbent Worker training funds.
- Training outcomes (program performance) for each participant in the Incumbent Worker Training Program must be entered into the State's Information Management Reporting System. The Alabama Career Center System job developer collects this information for submittal to the state office or for local area data entry.
- Employees must work full-time at the Alabama business facility for which the training is being provided.
- Any changes in training format contained in the agreement must be approved by ADECA/Office of Workforce Development prior to the changes occurring.

PROJECT COMPLETION:

- With high demand and limited funding available, all applications will be evaluated to leverage other state, federal, and private funds with Incumbent Worker Training Program funds.
- All funded projects shall be performance-based with specific measurable performance outcomes- including the completion of the training project and job retention.
- Final grantee reports must be submitted within 30 days of the end of the contract and/or the end of the formal training, whichever is the earliest ending data of program activity.
- Final payment for grantees will be withheld until the final grantee report is submitted and all performance outcomes specified in the grant application have been achieved.

AVAILABILITY OF PROJECT APPLICATIONS AND GUIDELINES:

- The Office of Workforce Development will use the resources available through the Alabama Department of Economic and Community Affairs (ADECA) to publicize the availability of the funds. The standard project application and guidelines are available at www.adeca.alabama.gov. Additionally, these documents are available from the Alabama Career Centers or by contacting the Office of Workforce Development at (334) 353-1799 or (334) 353-1732.

COMMONLY ASKED QUESTIONS AND ANSWERS ABOUT THE ALABAMA WIA INCUMBENT WORKER TRAINING PROGRAM

➤ ***What is the Incumbent Worker Training Program?***

Funded by the U.S. Department of Labor and administered by the Office of Workforce Development, the Workforce Investment Act (WIA) Incumbent Worker Training Program is designed to provide funding assistance to qualifying Alabama for-profit companies to provide skills training to full-time, permanent company workers. The training must be a business necessity that will enhance companies' abilities to compete in global economies, expand present markets, and increase the permanency of businesses in Alabama. For the workers, the training will upgrade present work skills, heighten job security, provide marketable skills, and increase the possibilities for higher wages and promotional opportunities. The Office of Workforce Development staff administers, monitors, evaluates, and provides fiscal and agreement compliance assistance during the training process.

➤ ***What kind of training can the WIA Incumbent Worker Training Program fund?***

Training can include, but is not limited to, industry or company-specific work skills, basic job skills, technical computer skills, new manufacturing technologies, equipment operation training, changes in production processes, "soft skills" such as leadership, teamwork and communication, and management skills. The Office of Workforce Development does not maintain a list of approved training providers for the Incumbent Worker Program. Companies will select the type of training required and training provider(s) that meet their business and training requirements before submitting an application for consideration. Please note that, because of high demand and limited funds for the program, funding of training projects that provide the greatest potential for impacting the company's competitiveness and employee retention will receive the highest consideration.

➤ ***What companies are eligible to apply?***

For-profit Alabama businesses that must remain competitive in industrial and global economic environments and have been in business in Alabama for a minimum of two years before applying. Companies applying must also have at least one full-time, permanent worker, be financially viable, and current on all state and federal tax obligations.

➤ ***What training costs can be reimbursed under the WIA Incumbent Worker Training Program?***

Expenses may include non-company professional instructors/trainers' salaries, trainee(s) tuition, required textbooks, manuals, curriculum development costs, and required expendable training materials and supplies. Necessary computer software that is used 100% for training purposes only may also be considered for reimbursement.

➤ ***What training costs will not be reimbursed under the WIA Incumbent Worker Training Program?***

Program funding cannot be used to pay for trainees' wages and benefits during the training, travel expenses, training equipment, administrative costs, rental of training facilities, catering of training events, and costs incurred before funding assistance is approved (effective date of the agreement). These types of training expenses, however, may be included as part of the "Employer Contribution" to the project.

➤ ***How should the budget reflect the proposed training costs and the employer contributions?***

An example of training costs and employer contributions can be found in the "Sample Budget" on page 6 of this information. This sample budget will show the different options for employer matching dollar funds against the training costs.

➤ ***How are companies reimbursed for approved training expenses?***

The Office of Workforce Development will provide approved companies with the required forms to complete for expense reimbursements. Companies may choose to submit their reimbursement requests monthly, quarterly, or after the completion of each training module. Final expenses must be reported within thirty (30) days after training activities are completed.

➤ ***What information is required for reimbursement of expenditures covered in the agreement?***

Before an invoice can be paid, all training participants' names, Social Security Numbers, and other required data must be entered into the State computer system (AlaWorks). It is the responsibility of the Career Center staff member or job developer to secure all eligibility, enrollment forms, etc. It is the responsibility of the employer to ensure that the employees (to receive training) are available to meet with the Career Center System staff member or job developer in order to complete the required WIA participant enrollment paperwork. The employer must also require the cooperation of the trainees to provide the necessary information (Social Security numbers, etc.) to the (This is a federally

➤ ***What information is required for reimbursement of expenditures...*** *Cont/d*

funded program and certain data is required for receipt of training services.) A submitted reimbursement form must include:

- ✓The type and dates of training
- ✓Trainees' names and Social Security Numbers
- ✓Copy of paid trainer (college, private vendor, etc.) invoice(s)
- ✓Copy of check with which the invoice(s) was paid.
- ✓Copy of class roster from training provider.

➤ ***What does "performance-based" mean?***

A company is awarded training funds to provide skills training to an agreed upon number of workers. If the company does not train the agreed upon number of workers by the end of the contract period, the final reimbursement may be pro-rated to bring the total project costs in line with the actual number of trained employees.

➤ ***What information is required of the business for program application?***

The company must identify, in their WIA Incumbent Worker Training Application, its contribution (company match) to the training program. Company contributions may be comprised of cash and/or in-kind contributions. An in-kind contribution is a non-cash contribution of goods and services provided by the business. Examples include: trainee wages and benefits paid during the training period, equipment purchased for training, training materials and supplies, training curriculum development expenses, and travel and lodging costs. Once training begins, the company must maintain adequate financial records of the training expenses and reimbursements delineated in the approved written agreement, information about the training provider, a detailed description of training, benefits to the company, and benefits to the company workers.

➤ ***What kind of reporting is required from the company about approved training projects?***

During training activities, the company must compile and maintain training rosters that will include names of trainees, their Social Security Numbers, dates of training, and training received. This information is to be included with the project expenditure reimbursement form. Once training is completed, the company will be surveyed about program, training activities, and project conclusion. The company may also receive an on-site visit from the Office of Workforce Development staff to review and evaluate the effectiveness of the program.

➤ ***Where may the training take place?***

Training may be conducted at the business' own facility, at a public or private training provider's facility, or at a combination of sites that best meet the needs of the business.

➤ ***Who selects the training providers?***

The company selects the training provider that best suits their training needs.

➤ ***Does an employer have to select a public training provider?***

No; however, priority is given to those who select a public training provider.

➤ ***Who actually does the training?***

The company-selected training providers will actually do the training. These include training instructors, professional trainers, equipment vendors, or subject matter experts.

➤ ***Who provides technical assistance?***

The Office of Workforce Development (OWD) staff is available to provide technical assistance throughout the training project--from the application stage through project completion.

➤ ***What happens after a training project is approved for funding?***

The company is provided written notification that the proposed training project was approved for funding assistance. The Office of Workforce Development staff will send a letter of notification and a written agreement to the company. The company representative(s) must review the written agreement and return signed copies as instructed to the ADECA, Office of Workforce Development, before the training can begin. ADECA, and the Office of Workforce Development will also issue a press release on each approved program, which may run in local area newspapers.

SAMPLE BUDGET
Budget for Proposed Training Project

A. Budget Category	B. <u>Incumbent Worker Training Program</u> Assistance Requested	C. Employer Contribution	D. TOTAL (B. & C.)
1. Non-Company Instructor Wages/Tuition <i>(This information should be reconciled with Section 3. Training Project Description)</i> Example: 1) <i>Rapid Management 101: \$ 1,750.00 x 2 (8 hr) classes = \$3,500.00 (flat fee)</i> 2) <i>Industrial Streamline 102 @ \$45.00 per training hour X 32 trainees x 10 training hrs = \$14,400.00</i>	\$3,500.00 \$14,400.00		\$17,900.00
2. Curriculum Development Example: <i>Industrial Streamline 102 Process Flow: (based on two days @ \$62 per hour for customization) \$62 x 16 hrs = \$992.</i>	\$992.00		\$992.00
3. Materials/Supplies/Textbooks (Itemize) Example: <i>(10) Rapid Management Manuals @ 15.90 ea. = \$159.00</i>	\$159.00		\$159.00
3. Training Equipment Purchase Example: <i>(2) Warehouse computers for inventory management @ 1,000.00 ea. = \$2,000.00</i>	<i>Cannot fund with Incumbent Worker project funding</i>	\$2,000.00	\$2,000.00
5. Other Costs (Describe) Example: <i>Administrative costs incurred for training set-up and reporting processes: \$20.00 x 80 hrs = \$1,600.00</i>		\$1,600.00	\$1,600.00
6. Travel, Food, Lodging Example: <i>Travel: \$0.37/mile x 1,000 miles = \$370.00</i> <i>Lodging: \$65.00/night x 6 nights = \$390.00</i> <i>Food: \$30/day x 7 days = \$210.00</i>	<i>Cannot fund with Incumbent Worker project funding</i>	\$370.00 \$390.00 \$210.00	\$970.00
7. Trainee Wages (Including benefits) Example: 1) <i>Rapid Management Training: 24 trainees x \$24.35/hr X 16 training hrs each = \$9,350.40</i> 2) <i>Industrial Streamline 102: 32 trainees x \$23.55/hr X 10 training hrs each = \$7,536.00</i>	<i>Cannot fund with Incumbent Worker project funding</i>	\$9,350.00 <i>(rounded from \$9,350.40)</i> \$7,536.00	\$16,886.00
TOTALS	\$19,051.00	\$21,456.00	\$40,507.00

APPLICATION INSTRUCTIONS

- Detach and complete the attached Incumbent Worker Training Program Application, Potential Service Provider Form, Tax I.D. Form, and Executive Form #55 (Alabama Disclosure Statement). Any information or documentation that cannot be supplied in the provided space should be identified by the relevant question number on additional pages attached to the back of the application form.
- **Submit one original and two copies of the signed, completed application and one (1) original of the Potential Service Provider Form, Tax I.D. Form, and Executive Form #55 (Alabama Disclosure Statement) to:**

**Incumbent Worker Training Program
Alabama Department of Economic and Community Affairs
Office of Workforce Development
401 Adams Avenue
P. O. Box 5690
Montgomery, Alabama 36103-5690**

NOTE: It is recommended the application be submitted at least 30 working days before the planned start date of training. Submission of a completed application does not constitute approval of Incumbent Worker Training. Approval of the application from the ADECA Director, and the Director of the Office of Workforce Development must be obtained before the start of any training. No pre-agreement costs will be paid and only allowable expenditures (as contained in the approved budget) will be reimbursed after a fully executed agreement is in effect. If you have any questions or need assistance in completing the application, please contact one of the following ADECA Office of Workforce Development staff members; Carmen Moa-Rivera at (334) 353-1799 or via e-mail: carmenm@adeca.state.al.us or Sara Calhoun at (334) 353-1632 or via e-mail: sarac@adeca.state.al.us.

ALABAMA WIA INCUMBENT WORKER TRAINING PROGRAM APPLICATION

SECTION 1: COMPANY INFORMATION

COMPANY NAME:			
BUSINESS NAME, IF DIFFERENT FROM ABOVE:			
STREET/MAILING ADDRESS:			
CITY:		ZIP:	COUNTY:
P.O. BOX ADDRESS:			
CITY:		ZIP:	COUNTY:
COMPANY CONTACT PERSON:		TITLE:	
PHONE:	EXT.	FAX:	
E-MAIL ADDRESS:		WEB SITE:	
DATE BUSINESS BEGAN OPERATIONS:	YEARS IN BUSINESS:	TOTAL NO. FULL-TIME EMPLOYEES:	
LEGAL STRUCTURE OF BUSINESS:	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION
EMPLOYER'S FEDERAL ID #:	UNEMPLOYMENT COMP ID #:		
ALABAMA SALES TAX REG. #:	PRIMARY NAICS CODE:		
IS YOUR COMPANY CURRENT ON ALL STATE OF ALABAMA TAX OBLIGATIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO			
PLEASE ESTIMATE THE TOTAL AMOUNT YOUR COMPANY WILL SPEND ON TRAINING IN 2004/2005:			
IS YOUR COMPANY RECEIVING/APPLYING FOR OTHER PUBLIC TRAINING FUNDS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES EXPLAIN:			
DESCRIPTION OF YOUR BUSINESS, PRODUCT(S) AND/OR SERVICE(S):			
AMOUNT OF TRAINING FUNDS REQUESTED:		NUMBER OF EMPLOYEES TO BE TRAINED:	
PROPOSED TRAINING STARTING DATE: <i>*(AT LEAST 30-WORKING DAYS AFTER SUBMISSION OF APPLICATION)</i>		TRAINING END DATE:	
OUR COMPANY IS: <i>(PLEASE CHECK THE APPROPRIATE BOX IF APPLICABLE)</i>			
<input type="checkbox"/> NATIVE/AMERICAN OWNED		<input type="checkbox"/> AFRICAN/AMERICAN OWNED	
<input type="checkbox"/> ASIAN/AMERICAN OWNED		<input type="checkbox"/> WOMAN-OWNED	
<input type="checkbox"/> HISPANIC/AMERICAN OWNED		<input type="checkbox"/> OTHER MINORITY OWNED (SPECIFY:)	
IS YOUR COMPANY LOCATED IN:			
<input type="checkbox"/> DISTRESSED INNER-CITY AREA		<input type="checkbox"/> ENTERPRISE ZONE	
<input type="checkbox"/> RURAL AREA			

SECTION 2: TRAINING PROVIDER INFORMATION:

THE TRAINING PROVIDER(S) WILL BE :	<input type="checkbox"/> PUBLIC TRAINING INSTITUTION	<input type="checkbox"/> PRIVATE INSTRUCTOR	<input type="checkbox"/> PRIVATE TRAINING INSTITUTION
TRAINING WILL BE DELIVERED:	<input type="checkbox"/> ON-SITE	<input type="checkbox"/> AT THE TRAINING INSTITUTION	<input type="checkbox"/> AT A REMOTE LOCATION
NAME OF TRAINING PROVIDER(S):		NAME OF TRAINING PROVIDER CONTACT:	
ADDRESS:			
CITY:	STATE:	ZIP:	PHONE:

SECTION 3: TRAINING PROJECT INFORMATION:

Description of the proposed training project:

A detailed written description of the proposed training project, including a detailed financial budget, and the following information:

- (a) Number of trainees,**
- (b) Job titles and average salary or hourly wages,**
- (c) Departments to be involved,**
- (d) List each training module,**
- (e) Number of hours of training,**
- (f) Training provider,**
- (g) Costs of instruction/tuition,**
- (h) Any resulting certifications, continuing education credits (CEUs), etc.**
- (i) Outcomes to be achieved by participants as a result of training**
- (j) Outcome to be achieved by company as a result of training**

FOR EXAMPLE:

1. *JOB TITLES:* (24) ELECTRICIANS (AVERAGE WAGE/BENEFITS: \$24.35 P/HR)
DEPT: PLASTIC MANUFACTURING DEPT.
TYPE OF TRAINING: RAPID MANAGEMENT - 16 TRAINING HOURS EACH
TRAINING PROVIDER: UNIVERSITY OF COVE BREWTON, MANAGEMENT DEPT.
COST: \$1,750 PER 8-HOUR CLASS OF LESS THAN 30 (2 CLASSES TOTAL)
EMPLOYER CONTRIBUTION: 24 TRAINEES X \$24.35/HR X 16 TRAINING HRS EACH = \$9,350.40

2. *JOB TITLES:* (32) MANUAL SORTERS (AVERAGE WAGE/BENEFITS: \$23.55 P/HR)
DEPT: GLOVES SORTING DEPT.
TYPE OF TRAINING: INDUSTRIAL STREAMLINE 102 - 10 TRAINING HOURS EACH
TRAINING PROVIDER: UNIVERSITY OF COVE BREWTON, MANAGEMENT DEPT.
COST: \$45. PER TRAINEE, PER HOUR
EMPLOYER CONTRIBUTION: 32 TRAINEES X \$23.55/HR X 10 TRAINING HRS EACH = \$7,536.00

SECTION 4. TRAINING PROGRAM BUDGET:

Please use this form as a guide; Show all formulas used to calculate totals as indicated.
PLEASE BE SPECIFIC.

NOTE: Training funds cannot be used to reimburse any training costs incurred before the grant is approved. Please consider this when developing your budget and timeline.

A. BUDGET CATEGORY	C. <u>INCUMBENT WORKER TRAINING PROGRAM ASSISTANCE REQUESTED</u>	C. EMPLOYER CONTRIBUTION	D. TOTAL (B. & C.)
4. Non-Company Instructor Wages/Tuition <i>(This information should be reconciled with Section 3. Training Project Description)</i> <i>Example:</i> 2) <i>Rapid Management 101: \$ 1,750.00 x 2 (8 hr) classes = \$3,500.00 (flat fee)</i> 2) <i>Industrial Streamline 102 @ \$45.00 per training hour X 32 trainees x 10 training hrs = \$14,400.00</i>			
5. Curriculum Development			
3. Materials/Supplies/ Textbooks (Itemize) <i>Example:</i> (10) <i>Rapid Management Manuals @ 15.90 ea. = \$159.00</i>			
6. Training Equipment Purchase	<i>Cannot fund with Incumbent Worker project funding</i>		
5. Other Costs (Describe)			
7. Travel, Food, Lodging <i>Example:</i> Travel: <i>\$0.37/mile x 1,000 miles = \$370.00</i> Lodging: <i>\$65.00/night x 6 nights = \$390.00</i> Food: <i>\$30/day x 7 days = \$210.00</i>	<i>Cannot fund with Incumbent Worker project funding</i>		
8. Trainee Wages (Including benefits) <i>Example:</i> 1) <i>Rapid Management: 24 trainees x \$24.35/hr X 16 hrs each = \$9,350.40</i> 2) <i>Industrial Streamline 102: 32 trainees x \$23.55/hr X 10 training hrs each = \$7,536.00</i>	<i>Cannot fund with Incumbent Worker project funding</i>		
TOTALS			

***NOTE:** The employer must contribute 50% or more to the training project to be considered for Incumbent Worker Training funding. Examples of employer contribution can include expenses associated with: 1) instruction/tuition, 2) curriculum development, 3) materials/supplies, 4) Training equipment 5) Travel, food, or lodging expenses, and 6) trainee wages (including benefits) of employees during training.

SECTION 5. ANTICIPATED OUTCOMES OF THE TRAINING PROJECT

Please check the boxes that apply to the anticipated outcomes of the proposed training project. **Attach a brief statement to the application for each checked box explaining "how" and/or "why" this training would result in the specific outcome.**

<input type="checkbox"/> Will save ____ jobs within our company	<input type="checkbox"/> Will create ____ openings in entry-level positions
<input type="checkbox"/> Will improve the long-term wage levels of trainees	<input type="checkbox"/> Will improve the short-term wage levels of trainees
<input type="checkbox"/> Will create ____ new jobs within our company	<input type="checkbox"/> Will lower employee turnover in our company
<input type="checkbox"/> Will contribute to the long-term viability of our company	<input type="checkbox"/> Would help prevent company from having to relocate operations
<input type="checkbox"/> Will contribute to the short-term viability of our company	<input type="checkbox"/> Will make this location more competitive
<input type="checkbox"/> Will assist in the training of veterans	<input type="checkbox"/> Will assist in the training of minorities
<input type="checkbox"/> Will assist in the training of disabled	<input type="checkbox"/> Will assist welfare to work participants
<input type="checkbox"/> Will increase the profitability of our company	<input type="checkbox"/> Important to the stated mission of our company
<input type="checkbox"/> Will be an important component of our company's overall workforce employee development efforts	
<input type="checkbox"/> Will assist in the improvement of international trade opportunities	

SECTION 6. CERTIFICATION BY AUTHORIZED COMPANY REPRESENTATIVE

[NOTE: THE INDIVIDUAL SIGNING THE APPLICATION BELOW MUST HAVE AUTHORITY TO ENTER CONTRACTS ON BEHALF OF THE APPLYING COMPANY].

As an authorized representative of the company listed above, I hereby certify that the information listed above and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing or falsifying public records and/or forfeiture of any training funding awards approved through this program.

Signature:	Title:
Print Name:	Date:

Please allow at least 30 business days for your application to be processed.

Mail original and two copies to: WIA Incumbent Worker Training Program
Office of Workforce Development
ADECA State Programs/Divisional Budget Management Section
401 Adams Avenue
P. O. Box 5690
Montgomery, Alabama 36103-5690

Based on the amount of available Alabama WIA Incumbent Worker Training Program funds, companies may apply for program funding once every other program year. If you have any questions concerning the application, please contact Carmen Moa-Rivera, ADECA, Office of Workforce Development, at (334) 353-1799, or Sara Calhoun at (334) 353-1632.

TO: Potential Service Provider:

Our agency/organization fully understands that any work performed prior to receipt of a signed agreement from the Alabama Department of Economic and Community Affairs (ADECA) for services, as stated in the written agreement, constitutes “at risk work.” “At risk work” is defined as work for which your agency/organization will not be paid (by ADECA) unless a written agreement covering the nature of the work and the time period of the work is fully executed by all parties.

It is further understood that only the Governor or his designee may approve written agreements for services to be provided to ADECA.

Signature – Agency/Organization’s
Authorized Signatory Official

Date

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.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
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. For individuals, this is 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.

Social security number
+

or

Employer identification number
+

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

Part II Certification

Under penalties of perjury, I certify that:

1. 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**
2. 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**
3. I am a U.S. person (including a U.S. resident alien).

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 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a **nonresident alien or a foreign entity** not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% after December 31, 2003; 28% after December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note: *You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).*

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note: *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

Exempt payees. Backup withholding is **not required** on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;

- 9. A futures commission merchant registered with the Commodity Futures Trading Commission;
- 10. A real estate investment trust;
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940;
- 12. A common trust fund operated by a bank under section 584(a);
- 13. A financial institution;
- 14. A middleman known in the investment community as a nominee or custodian; or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, **1** through **15**.

If the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13 . Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹ See **Form 1099-MISC**, Miscellaneous Income, and its instructions.
² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are **not exempt** from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner **LLC** that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note: See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at www.ssa.gov/online/ss5.html. You may also get this form by calling 1-800-772-1213. Use **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov.

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: *If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.*

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.





State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

()

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
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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?

- 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
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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.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY
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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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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.)

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
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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 Date

Notary's Signature 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.

Vendor Disclosure Statement Information and Instructions

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. The disclosure statement is not required for contracts for gas, water, and electric services where no competition exists, or where rates are fixed by law or ordinance. In circumstances where a contract is awarded by competitive bid, the disclosure statement shall be required only from the person receiving the contract and shall be submitted within ten (10) days of the award.

A copy of the disclosure statement shall be filed with the awarding entity and the Department of Examiners of Public Accounts and if it pertains to a state contract, a copy shall be submitted to the Contract Review Permanent Legislative Oversight Committee. The address for the Department of Examiners of Public Accounts is as follows: 50 N. Ripley Street, Room 3201, Montgomery, Alabama 36130-2101. If the disclosure statement is filed with a contract, the awarding entity should include a copy with the contract when it is presented to the Contract Review Permanent Legislative Oversight Committee.

The State of Alabama shall not enter into any contract or appropriate any public funds with any person who refuses to provide information required by Act 2001-955.

Pursuant to Act 2001-955, any person who knowingly provides misleading or incorrect information on the disclosure statement shall be subject to a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00. Also, the contract or grant shall be voidable by the awarding entity.

Definitions as Provided in Act 2001-955

Family Member of a Public Employee - The spouse or a dependent of the public employee.

Family Member of a Public Official - The spouse, a dependent, an adult child and his or her spouse, a parent, a spouse's parents, a sibling and his or her spouse, of the public official.

Family Relationship - A person has a family relationship with a public official or public employee if the person is a family member of the public official or public employee.

Person - An individual, firm, partnership, association, joint venture, cooperative, or corporation, or any other group or combination acting in concert.

Public Official and Public Employee - These terms shall have the same meanings ascribed to them in Sections 36-25-1(23) and 36-25-1(24), Code of Alabama 1975, (see below) except for the purposes of the disclosure requirements of this act, the terms shall only include persons in a position to influence the awarding of a grant or contract who are affiliated with the awarding entity. Notwithstanding the foregoing, these terms shall also include the Governor, Lieutenant Governor, members of the cabinet of the Governor, and members of the Legislature.

Section 36-25-1(23), Code of Alabama 1975, defines a public employee as any person employed at the state, county or municipal level of government or their instrumentalities, including governmental corporations and authorities, but excluding employees of hospitals or other health care corporations including contract employees of those hospitals or other health care corporations, who is paid in whole or in part from state, county, or municipal funds. For purposes of this chapter, a public employee does not include a person employed on a part-time basis whose employment is limited to

providing professional services other than lobbying, the compensation for which constitutes less than 50 percent of the part-time employee's income.

Section 36-25-1(24), Code of Alabama 1975, defines a public official as any person elected to public office, whether or not that person has taken office, by the vote of the people at state, county, or municipal level of government or their instrumentalities, including governmental corporations, and any person appointed to a position at the state, county, or municipal level of government or their instrumentalities, including governmental corporations. For purposes of this chapter, a public official includes the chairs and vice-chairs or the equivalent offices of each state political party as defined in Section 17-16-2, Code of Alabama 1975.

Instructions

Complete all lines as indicated. If an item does not apply, denote N/A (not applicable). If you cannot include required information in the space provided, attach additional sheets as necessary.

The form must be signed, dated, and notarized prior to submission.