

DISCLOSURE STATEMENT OF RELATIONSHIPS BETWEEN CONTRACTORS AND PUBLIC OFFICIALS/EMPLOYEES OF AUBURN UNIVERSITY - Form BO 02-01
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01. AUBURN UNIVERSITY, Procurement and Payment Services, 311 Ingram Hall, Auburn University, AL 36849 Phone: (334) 844-4625 Fax (334) 844-4306

02. Contract/Proposal/Bid Request Number _____

03. Name of Contractor/Vendor

Last	First	Middle
a) Business Address		

Street	City	State	ZIP
b) Business Phone ()			

c) Nature of Business _____

d) Nature of Contract _____

04. Do members of your immediate family, any of your employees, or you, as a CONTRACTOR /VENDOR to Auburn University, have any relationships with public officials, public employees, family members of public officials and public employees who would stand to benefit from the award of this contract, proposal, RFP, RFB to you? Yes No If 'Yes', please continue with Paragraph 05. If no, skip to paragraph 08.

05. Please list any relationships that may exist between you, and the University as defined in Para. 08.

Name of Public Employee	Address
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(Attach additional pages if necessary.)

06. Disclosure of all paid consultants/lobbyists employed by contractor on the contract, proposal, RFP, RFB, etc. Check, if none.

a) Business Address

Street	City	State	ZIP
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b) Business Phone () _____

c) Nature of business _____

07. Definitions

PUBLIC OFFICIAL. Any person elected to public office, whether or not that person has taken office, by the vote of the people at the 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 form, 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 of the Code of Alabama.

FAMILY MEMBER OF THE PUBLIC OFFICIAL. The spouse, a dependent, and adult child and his or her spouse, a parent, a spouse's parents, a sibling and his or her spouse, or the public official.

PUBLIC EMPLOYEE. 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, 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.

FAMILY MEMBER OF THE PUBLIC EMPLOYEE. The spouse or dependent of the public employee.

BUSINESS WITH WHICH THE PERSON IS ASSOCIATED. Any business of which the person or a member of his or her family is an officer, owner, partner, board of director member, employee, or holder of more than five percent of the fair market value of the business.

08. I understand, if I have answered 'Yes' to paragraph 04, disclosing any relationships as defined above, and I am awarded said contract, proposal, RFP, or RFB, that a copy of this disclosure form shall be filed with the Alabama Department of Examiners of Public Accounts, and that a copy of this form shall be submitted with the contract, proposal, RFP, or RFB.

I further understand that if this disclosure statement pertains to a contract, a copy of the disclosure statement shall be submitted to the Legislative Contract Review Committee, if the contract is subject to review by that committee.

I understand that failure to provide the required information may prevent the contracting entity and/or entity seeking to receive public grants, etc., from receiving the contract/public funds.

I further understand that this disclosure statement is made under oath and under penalty of perjury.

I further understand that this disclosure form will be available for public inquiry.

Signed this the _____ day of _____, 20_____.

Signature of authorized agent/representative
of contracting entity

Signature of Principal

Name of Business

FORM SHOULD EITHER BE NOTARIZED OR HAVE SIGNATURE OF TWO WITNESSES.

Notary's Signature _____ Date _____

Notary Seal _____ Date Notary Commission Expires _____

Witness' Signature

Witness' Signature

After completion and approvals, send completed form to Procurement and Payment Services, 311 Ingram Hall.
(Rev. 05/05)