

State of Alabama

Disclosure Statement

Required by Article 3B of Title 41, Code of Alabama 1975

ENTITY COMPLETING FORM	
Baldwin County Commission, Department of Archives and Histo	rv
ADDRESS	<u></u>
312 Courthouse Square, Suite 26	
CITY, STATE, ZIP	TELEPHONE NUMBER
Bay Minette, Alabama 36507	(251) 580-2572
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR	
Alabama Historical Commission	
ADDRESS	
468 South Perry Street or P.O. Box 300900	
CITY, STATE, ZIP	TELEPHONE NUMBER
Montgomery, Alabama 36130-0900	(334) 242-3184
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 un Agency/Department in the current or last fiscal year? Yes No If yes, identify below the State Agency/Department that received the go vided, and the amount received for the provision of such goods or serv	ods or services, the type(s) of goods or services previously pro-
STATE ACENCY/DEDARTMENT TYPE OF COORS	SERVICES AMOUNT DECEMEN
STATE AGENCY/DEPARTMENT TYPE OF GOODS/S	SERVICES AMOUNT RECEIVED
Have you or any of your partners, divisions, or any related business u Agency/Department in the current or last fiscal year?	nits previously applied and received any grants from any State
✓ Yes No	
If yes, identify the State Agency/Department that awarded the grant, the	e date such grant was awarded, and the amount of the grant
STATE AGENCY/DEPARTMENT DATE GRANT AV	
Alabama Humanities Alliance 9/7/2021	10,000.00
List below the name(s) and address(es) of all public officials/public entry and your employees have a family relationship and who may direct identify the State Department/Agency for which the public officials/public.	ctly personally benefit financially from the proposed transaction.
NAME OF PUBLIC OFFICIAL/EMPLOYEE ADDRESS	S STATE DEPARTMENT/AGENCY
None	
3 10/3/97	

	olic employees and State D	ho may directly personally benefit financially from the Department/Agency for which the public officials/public
NAME OF FAMILY MEMBER ADDRESS		E OF PUBLIC OFFICIAL/ STATE DEPARTMENT/ PUBLIC EMPLOYEE AGENCY WHERE EMPLOYED
If you identified individuals in items one and/or two abo officials, public employees, and/or their family members grant proposal. (Attach additional sheets if necessary.)	s as the result of the contra	
N/A		
Describe in detail below any indirect financial benefits to public official or public employee as the result of the coadditional sheets if necessary.)		
N/A		
List below the name(s) and address(es) of all paid consposal, invitation to bid, or grant proposal:	sultants and/or lobbyists uti	ilized to obtain the contract, proposal, request for pro
NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS	
By signing below, I certify under oath and penalty of to the best of my knowledge. I further understand th to exceed \$10,000.00, is applied for knowingly provide	hat a civil penalty of ten p	percent (10%) of the amount of the transaction, no
Signature	Date	
Notary's Signature	Date	Date Notary Expires

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your

Revised: 09/2013

Article 3B of Title 41, Code of Alabama 1975 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.