

**Alabama Department of Public Health
Bureau of Health Promotion and Chronic Disease
Diabetes Self-Management Education Program
Request for Proposals FY 2018**

I. Overview and Purpose

In the United States, it is estimated that over 29 million people have diabetes and of those with diabetes, 1 in 4 do not know they have the disease. Individuals with diabetes can develop complications such as blindness, loss of limb, and renal issues, and possibly die from this disease. According to the Behavioral Risk Factor Surveillance System (BRFSS), the overall prevalence of diabetes in 2015 was 13.5 percent of adults in Alabama. Diabetes was the seventh leading cause of death in Alabama and in the United States in 2014. Evidence supports the value, effectiveness, and cost-effectiveness of Diabetes Self-Management Education/ Training (DSME/T) programs. Patients who received DSME/T in a group setting improved their diabetes knowledge and reduced their need for diabetes medication by reducing and maintaining control of their A1C levels, systolic blood pressure levels, and body weight.¹

The Alabama Department of Public Health (ADPH) Diabetes Program is accepting Request for Proposals (RFP) for mini-grants to increase access to quality DSME services for people with diabetes in Alabama. There will be three categories of funding (choose one category for application): Category A, Category B, and Category C. All DSME programs must be in Alabama and must include people with disabilities.

Category A: Funding for American Association of Diabetes Educators (AADE) accredited or American Diabetes Association (ADA) recognized DSME programs to establish one or more DSME satellite site(s).

Category B: Funding for unaccredited or unrecognized DSME programs for obtaining AADE accreditation or ADA recognition.

Category C: Funding for organizations that do not currently have a DSME program to receive funding to establish a DSME program that meets the National Standards for Diabetes Self-Management Education and Support and prepare for AADE accreditation or ADA recognition.

¹Deakin T1, McShane CE, Cade JE, Williams RD. "Group based training for self-management strategies in people with Type 2 diabetes mellitus." *Cochrane Database of Systematic Reviews* Published Online April 20, 2005.

II. Eligible Applicants

Organizations or service providers may include, but are not limited to: hospitals, pharmacies, federally qualified health centers (FQHC), local health departments, area health education centers, rural health councils, and senior centers. These organizations must meet the following eligibility requirements:

- Category A applicants must currently be AADE accredited or ADA recognized and demonstrate capacity and measurable work plan to achieve accreditation for additional satellite site(s).
- Category B applicants must be neither AADE accredited nor ADA recognized at this time, but have a DSME program or demonstrate ability to become AADE accredited or ADA recognized within three months of the end of the funding period.
- Category C applicants must demonstrate the organizational capacity to develop a DSME program that meets all ten National Standards for Diabetes Self-Management Education and Support within three months from the end of the funding period and be working towards certification.

III. Important Dates

- April 3, 2017: RFP announcement.
- May 26, 2017: Applications due.
- June 19, 2017: Awards announced.
- August 1, 2017-June 28, 2018: Anticipated contract dates.
- September 30, 2017: Grantee Update Summary due.
- January 15, 2017: First Review Report due.
- April 15, 2018: Second Review Report due.
- July 15, 2018: Final Report due.
- July 31, 2018: Invoices.

IV. Funding

The total amount for mini-grant funding will be: \$120,000.

- Funding ceiling for Category A is up to \$10,000.
- Funding ceiling for Category B is up to \$20,000.
- Funding ceiling for Category C is up to \$20,000.

The funds **MAY** be used for:

- AADE accreditation or ADA recognition fee.
- Anything related to establishing an AADE accredited or ADA recognized DSME program, except salary for direct clinical services.

- Training toward becoming a Certified Diabetes Educator (CDE).
- Continuing Education Units (CEUs).
- Technical assistance.
- Billing specialist, including contracting with an outside agency to provide billing training to DSME programs.
- Cost associated with AADE or ADA DSME satellite sites including renting space, travel, participant transportation, and increasing provider referrals.
- Administrative work to become AADE accredited or ADA recognized.
- Durable training supplies for DSME programs such as instructors' kits.
- Educational materials for DSME participants.
- Salaries and other costs of a person to assist programs with data collection quality and reporting in order to assist programs in maintaining AADE accreditation or ADA recognition (not to include time providing direct clinical services).
- Costs associated with attendance at approved meetings or trainings to provide the required professional education (Continuing Medical Education [CMEs], CEUs) on diabetes and its treatment, including DSME.
- Costs associated with attendance at approved meetings or trainings to provide education on reimbursement requirements from different sources.
- Marketing strategies for AADE accredited or ADA recognized programs to increase referrals of participants.

The funds **MAY NOT** be used for:

- Direct clinical services: no salaries, stipends, or other funding for individuals to teach DSME to people with diabetes.
- Fees for CDE exam or licenses.
- Medical equipment of any kind or any amount.
- Non-medical equipment (such as chairs, tables, etc.) other than training supplies.
- Participant incentives such as t-shirts, water bottles, etc.
- Food or beverages.

V. Grantee Responsibilities

- Grantees must provide evidence to ADPH that the DSME program is in place on the day of application for grant funding (Category A and B), and if awarded, the grantee is committed to maintaining the DSME program throughout the funding cycle and beyond; if any changes to the DSME program occur that affect the grantees' ability to maintain the program, the grantee must notify ADPH immediately.
- By the end of the funding period, grantees will be expected to have submitted a complete application for program AADE accreditation or ADA recognition or will be applying for AADE accreditation or ADA recognition within three months of the end of the funding period (Category B); grantee will be expected to submit a copy of the binder used to

document the Ten National Standards for Diabetes Self-Management Education and Support.

- Category C grantee will be expected to submit a copy of the binder used to document the Ten National Standards for Diabetes Self-Management Education and Support and plans for pursuing program certification.
- Submit quarterly reviews, invoices, and final report in a format acceptable to ADPH.

VI. Reporting Requirements

1. Category A

- a. Location (city and county) of existing AADE accredited or ADA recognized site, hours, and days of operation.
- b. The location (city and county), hours, and days of operation at each expansion site (listed by site).
- c. Provide number of individuals with at least one DSME encounter at each expansion site and retention number (listed by site).
- d. If providing trainings: number of trainings and number of participants (listed by sites).
- e. Number of providers reached through marketing activities.
- f. Information on staff participation in trainings on DSME.
- g. Progress toward certification of satellite site(s).
- h. What were the major facilitators and barriers in achieving accreditation? How were the barriers overcome?
- i. What are your sustainability plans?

2. Category B

- a. Location (city and county) of AADE non-accredited or ADA unrecognized site, hours, and days of operation.
- b. Number of providers participating in informational sessions/trainings on DSME AADE accreditation or ADA recognition.
- c. Provide number of individuals with at least one DSME encounter.
- d. If providing trainings: number of trainings, number of participants, and retention number.
- e. Number of providers reached through marketing activities.
- f. Progress toward certification of DSME program.
- g. What were the major facilitators and barriers in achieving accreditation? How were the barriers overcome?
- h. What are your sustainability plans?

3. Category C

- a. Location of proposed DSME program (city and county), hours, and days of operation.

- b. Number of providers participating in informational sessions/trainings on DSME AADE accreditation or ADA recognition.
- c. If program is opened within the funding year, provide number of individuals with at least one DSME encounter.
- d. If providing trainings: number of trainings, number of participants, and retention number.
- e. Number of providers reached through marketing activities.
- f. Progress toward developing an application package for certification.
- g. What were the major facilitators and barriers in developing your DSME program? How were the barriers overcome?

VII. Method of Selection

A review team consisting of ADPH staff will review and score applications based on the criteria which are described in detail in Section IX, Proposal Requirements. If sufficient applications are received, consideration will be given for sites in counties that do not currently have a DSME program.

VIII. Submission of Proposals

Proposals must be received by 5 p.m. (mail or email), Central Standard Time, on Friday, May 26, 2017. Proposals must include all required components as described in Section IX. Submit the original copy of the proposal to:

Mail and Email:

Attention: Brandi Pouncey

Alabama Department of Public Health

Bureau of Health Promotion and Chronic Disease

201 Monroe Street, Suite 984 A

Montgomery, AL 36104

Email: brandi.pouncey@adph.state.al.us

Fax submissions will **not** be accepted.

IX. Proposal Requirements

Follow this outline in presenting your proposal information. The proposal must be submitted in the following format:

- 1 inch margins.
- 12-point Arial or Calibri font.
- Proposal must be typed and double-spaced (except for cover letter and budget).
- Budget must be submitted using the budget template in Attachment 1.
- Include section headers in **bold**.

Section 1: Application Cover Page (10 points)

- Identify the applicant organization name, address, and county.
- Identify the applicant contact person, phone number, and email address.
- Include the name and signature of applicant's organizational representative authorized to submit proposal or sign contract.
- Tax ID number, DUNS number, Zip Code + 4.
- Required Attachments:
 - W9.
 - E-verify MOU.
 - E-verify Certificate of Compliance.
 - Federal Funding Accountability and Transparency Act (FFATA) form.
 - Disclosure form.

Section 2: Program Criteria (2 page limit, 15 points)

There are three categories for funding as follows:

Category A: AADE accredited or ADA recognized DSME programs will be required to establish satellite locations, training, and referral activities.

Category B: AADE unaccredited or ADA unrecognized DSME programs will be required to prepare their program for AADE accreditation or ADA recognition.

Category C: Organizations that do not currently have a DSME program will be required to establish a DSME program that meets the National Standards for Diabetes Self-Management Education and Support.

Applicants applying under Category A should address the following criteria:

1. In what county or counties are you currently providing recognized/accredited DSME programs?
2. In what county or counties are you proposing to establish a satellite location?
3. Describe the current need for a DSME satellite program as supported by data.
4. Include a sustainability plan that addresses:
 - a. Continuity of the satellite DSME program after the funding cycle ends.
 - b. Marketing plan.
 - c. Any other sustainability issues identified by applicant.

Applicants applying under Category B should address the following criteria:

1. In what county or counties are you currently providing DSME programs and seeking mini-grant funds to prepare and make application to either ADA or AADE for recognition or accreditation?
2. Describe the county's current need for a DSME program as supported by data.
3. Include a sustainability plan that addresses:
 - a. Continuity of the DSME program after application for accreditation/recognition has been submitted.
 - b. Marketing plan.
 - c. Any other sustainability issues identified by applicant.

Applicants applying under Category C should address the following criteria:

1. In what county or counties are you proposing to establish a DSME program?
2. Describe the need for a DSME program in proposed county or counties as supported by data.
3. Provide a timeline for establishing a DSME program.
4. Include a sustainability plan that addresses:
 - a. Continuity of the DSME program after the funding cycle ends.
 - b. Marketing plan.
 - c. Any other sustainability issues identified by applicant.

Section 3: National Standards (3 page limit, 40 points)

Please describe the extent to which the applicant organization has the National Standards for Diabetes Self-Management Education and Support criteria in place or how they will be developed. Please note, applicants are not required to have all of these criteria in place prior to submitting their proposal. The National Standards for Diabetes Self-Management Education and Support can be found at: http://care.diabetesjournals.org/content/35/Supplement_1/S101.full or https://www.diabeteseducator.org/docs/default-source/practice/practice-resources/position-statements/dsme_joint_position_statement_2015.pdf?sfvrsn=0

Standard 1: Internal Structure: The provider of DSME will document an organizational structure, mission statement, and goals. For providers working within a larger organization, that organization will recognize and support quality DSME as an integral component of diabetes care (e.g., mission statement, communication plan, goals, objectives, defined relationships and roles and managerial support).

Standard 2: External Input: The provider of DSME will seek ongoing input from external stakeholders and experts to promote program quality (e.g., advisory board, documented plan for seeking external input).

Standard 3: Access: The provider of DSME will determine whom to serve, how best to deliver diabetes education to that population, and what resources can provide ongoing support for the population (applicant has determined the diabetes education needs of the priority population and has identified resources necessary to meet those needs).

Standard 4: Program Coordination: A coordinator will be designated to oversee the DSME program. The coordinator will have oversight responsibility for the planning, implementation, and evaluation of education services (e.g., coordinator ensures accountability and continuity, oversight may include designing an education program, or service that aids participants in accessing needed resources). Coordinator must be knowledgeable of the lifelong diabetes management process.

Standard 5: Instructional Staff: One or more instructors will provide DSME and when applicable, Diabetes Self-Management Support (DSMS). At least one of the instructors responsible for designing and planning DSME and DSMS will be an registered nurse, registered dietitian, or pharmacist with training and experience pertinent to DSME, or another professional with a certification in diabetes care and education such as a CDE or Board Certified-Advanced Diabetes Management. Other health workers can contribute to DSME and provide DSMS with appropriate training in diabetes with supervision and support.

Standard 6: Curriculum: Written curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcome, will serve as the framework for the provision of DSME. The needs of the individual participant will determine which parts of the curriculum will be provided to that individual. (Curriculum must reflect current evidence and practice guidelines.)

Standard 7: Individualization: DSME and support needs of each participant will be assessed by one or more instructors. The participant and instructor(s) will then together develop an individualized education and support plan focused on behavior change. (What assessment tool is used to develop an individualized DSME plan?)

Standard 8: Ongoing Support: The participant and instructor will together develop a personalized follow-up plan for ongoing self-management support. The participant's outcomes and goals and the plan for ongoing self-management support will be communicated to other members of the medical team. (DSME is necessary and effective; however, it does not guarantee a lifetime of effective diabetes self-care. What community resources can be offered to participants to aid in supporting their commitment to behavior modifications? DSME providers should be able to offer such community programs to their participants. These community programs may serve on the external advisory committee in Standard 2.)

Standard 9: Patient Progress: The providers of DSME and DSMS will monitor whether participants are achieving their personal diabetes self-management goals and other outcomes as a way to evaluate the effectiveness of the educational intervention, using appropriate measurement techniques. (All goals, including behavioral goals must be SMART- specific, measurable, achievable, reasonable and timely. They must relate to these areas: understanding

the diabetes disease process and treatment options, healthy eating, physical activity, taking medications, monitoring blood glucose, problem solving and healthy coping, and reducing risks of acute and chronic complications. Participants are not required to work on all seven behavioral goals at once; however, participant medical records must reflect assessment of the participant's achievements of goals and any adjustments made to the plan or goals.)

Standard 10: Quality Improvement: The provider of DSME will measure the effectiveness of the education and support and look for ways to improve any identified gaps in services or service quality, using a systematic review of process and outcome data. (Programs must have a process in place to collect, aggregate, and analyze clinical outcome measures and behavioral goal achievements. Continuous Quality Improvement insures program engagement, and intentional and systematic service improvement with the intention of increasing positive outcomes.)

Section 4: Budget (3 page limit including budget template, 10 Points)

Include a budget which follows the budget template provided in Attachment 1. Include a budget justification narrative which accurately and adequately explains each budget item requested.

Section 5: Work Plan (2 page limit, 25 Points)

Include a Work Plan which follows the template provided in Attachment 2. The Work Plan must include measurable objectives for each quarter to achieve the requirements for Categories A, B, or C funding (see Reporting Requirements, page 4).

ATTACHMENT 1

**ORGANIZATION NAME
DIABETES SELF MANAGEMENT EDUCATION
BUDGET NARRATIVE
AUGUST 1, 2017 – JUNE 28, 2018**

A. SALARIES AND WAGES: \$0.00

Personnel	Annual Salary	% of Effort	# of Months	Amount Requested
Principal Investigator Name	\$0.00	10%	12	\$0.00
Program Manager Name	\$0.00	25%	12	\$0.00
	\$0.00	100%	12	\$0.00
TOTALS				\$0.00

Justification:

Describe justification for each staff person here...

B. FRINGE BENEFITS: \$0.00

Component	Rate	Wage	Cost
FICA	0%	\$0.00	\$0.00
Retirement	0%	\$0.00	\$0.00
Insurance	0%	\$0.00	\$0.00
TOTALS			\$0.00

Justification:

The fringe rate is calculated by

C. CONSULTANT COSTS: \$0

D. SUPPLIES: \$0.00

Item(s)	Rate	Cost
<i>Description here...</i>	\$0.00	\$0.00
<i>Description here...</i>	\$0.00	\$0.00
TOTALS		\$0.00

Justification:

Describe justification for each supply line here...

E. TRAVEL: **\$0.00**

Purpose of Travel	Location	Item	Rate	Cost
		Mileage	\$0.00	\$0.00
		Per Diem	\$0.00	\$0.00
TOTALS				\$0.00

Justification:

Describe justification for travel here...

F. OTHER: **\$0.00**

Item(s)	Rate	Cost
	\$0.00	\$0.00
	\$0.00	\$0.00
TOTALS		\$0.00

Justification:

Describe justification for other here...

G. CONTRACTUAL: **\$0.00**

Name	Description of Costs	Cost
	\$0.00	\$0.00
TOTALS		\$0.00

Justification:

Describe justification for each contract here...

H. TOTAL DIRECT COST: **\$0.00**

A. Salaries and wages	\$0.00
B. Fringe benefits	\$0.00
C. Consultant costs	\$0.00
D. Equipment	\$0.00
E. Supplies	\$0.00
F. Travel	\$0.00
G. Other	\$0.00
H. Contractual	\$0.00

I. INDIRECT COST: **\$0.00**

Justification of indirect costs here

J. TOTAL DIRECT AND INDIRECT COST: **\$0.00**

**ATTACHMENT 2
SAMPLE WORK PLAN**

Quarter 1: August 1, 2017 – September 30, 2017		
Objective 1	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Objective 2	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Quarter : October 1, 2017 – December 31, 2017		
Objective 1	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Objective 2	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Quarter 3: January 1, 2018 – March31, 2018		
Objective 1	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Objective 2	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Quarter 4: April 1, 2018 – June 29, 2018		
Objective 1	Staff Responsible	Measurable Indicator
<i>Description here...</i>		
Objective 2	Staff Responsible	Measurable Indicator
<i>Description here...</i>		

State of _____)

County of _____)

CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)

DATE: _____

RE Contract/Grant/Incentive (describe by number or subject):

_____ by and between
_____ (Contractor/Grantee) and
_____ (State Agency, Department or Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of _____ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".
2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

BUSINESS ENTITY. Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:

- a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
- b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license and any business entity that is operating unlawfully without a business license.

EMPLOYER. Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

- ____ (a) The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.
- ____ (b) The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employee, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;
4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this _____ day of _____ 20_____.

Name of Contractor/Grantee/Recipient
By: _____
Its _____

The above Certification was signed in my presence by the person whose name appears above, on

This _____ day of _____ 20_____.

WITNESS: _____

Printed Name of Witness

Alabama Department of Public Health
Federal Funding Accountability and Transparency Act ("Transparency Act" or "FFATA") Disclosure Statement

Effective Date of Agreement: _____

Award Description/Title: _____

Entity Completing Form: _____

Entity's DUNS Number: _____ <http://fedgov.dnb.com/webform>

Address: _____

City, State, Zip+4: _____

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this DUNS number belongs) receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

YES NO **If yes, answer next question. If no, stop here and sign form and return to ADPH**

Does the public have access to information about the compensation of the executives in your business or organization (the legal entity to which this DUNS number belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986?

YES NO **If no, complete the following. If yes, stop here and sign form and return to ADPH**

Provide the following information for the five (5) most highly compensated executives in your business or organization (the legal entity to which this DUNS number, belongs):

Name	Position Title	Total Compensation Amount for the Entity's last complete fiscal year

Signature

Title

Date

Typed Name of Signature



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

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

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

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

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

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.