

Bid Checklist for Qualifications Submittal

Bid Number: 2k16-05B

Bid Name: Vehicle Purchase

Vendor: Bill Perry Toyota

Time of Turn: 5/2/10 10:21 am

Was this Bid Accepted: ☒ Yes or No

If no, why not?

Is this a No Bid Response: Yes or ☒ No

The Following Items are required for Submittal

Request for Formal Bid: Yes or ☒ No

Was this form signed and dated: Yes or No

Is a Certified Check, Cashier's Check or Bid Bond Required? Yes or ☒ No

Were any submitted? Yes or No

Is this a Public Works? Yes or ☒ No

If so, was a Performance Bond submitted in the form of a Cashier's Check or Proof of Insurance from Bonding Company? Yes or No

If so, which was submitted? Cashier's Check or Proof of Insurance

Are the Specifications
Included? Yes or No

If so, is signed and dated? Yes or No

Disclosure Statement? Yes or No

Is it notarized? Yes or No

Is this a bus bid? Yes or No

If yes, did this company
Turn in the Federal Motor
Carrier Safety Form? Yes or No

Did this company send all
The required documents of
The FMCS? Yes or No

Is the E-Verify form
Included? Yes or No

Is this a complete bid? Yes or No



Date: **04/28/2016**
 Salesperson: **Fred Williams II**
 Manager: **Mario Miller**

FOR INTERNAL USE ONLY

BUSINESS NAME **ALABAMA A AND M**
 CONTACT **JEFFREY ROBINSON**

Home Phone:

Address : **HUNTSVILLE, AL 35801**
MADISON CO

Work Phone: **(256) 372-5520**

E-Mail :

Cell Phone:

VEHICLE

Stock # : **16T1204** New / Used : **New** VIN : **2T1BURHE1GC613102** Mileage: **12**
 Vehicle : **2016 Toyota Corolla** Color : **Super White**
 Type : **LE (CVT) 4dr Sedan** **1852**

TRADE IN

Payoff : VIN : Mileage:
 Vehicle : Color :
 Type :

Selling Price	21,421.00
Discount	5,236.50
Adjusted Price	16,184.50
Total Purchase	16,184.50
Trade Allowance	
Trade Difference	
Doc Fee	599.00
Non Tax Fees	16.50
Trade Payoff	
Cash Deposit	
Balance	16,800.00

Customer

Approval:

Management Approval:

By signing this authorization form, you certify that the above personal information is correct and accurate, and authorize the release of credit and employment information. By signing above, I provide to the dealership and its affiliates consent to communicate with me about my vehicle or any future vehicles using electronic, verbal and written communications including but not limited to eMail, text messaging, SMS, phone calls and direct mail. Terms and Conditions subject to credit approval. For Information Only. This is not an offer or contract for sale.

Print

E-Mail

Close

Cust. Name:
Cust. Phone:
Dealer: Bill Penney Toyota
Contact:
Phone: 256-837-1111
Series: Corolla
Model: 1852 - LE (CVT)
Model Year: 2016
Transmission: CVT
VIN: 2T1BURHE1GC613102
Exterior: Super White
Interior: Ash Fabric



Estimated Pricing*	
	MSRP
Base	\$18,735.00
Options	\$1,197.00
Manuf. Delv, Proc, & Hndlg	\$890.00
Subtotal	\$20,822.00
Dealer Fees	\$599.00
Total	\$21,421.00

Base - the price for the vehicle, prior to options and manuf. delv, proc & hndlg fees.

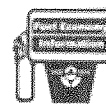
Options - the amount of optional equipment (accessories and packages) installed on the vehicle.

Manuf. Delv, Proc & Hndlg - Delivery, Processing & Handling - the fee that is paid by the Dealer to the Manufacturer to cover the cost of transporting the vehicle to the dealership.

Admin - the Administrative Fee is a charge paid by the Dealer to Southeast Toyota, the regional distributor, and is used for the regional dealer support programs.

Options Installed

	MSRP	38 MPG Highway
50 State Emissions	\$0	
6-Gallons of Gas	\$0	
Carpet Mats	\$299	
Clear Paint Protection - Door Package	\$199	
Includes:		
Door Cups		
Door Edge Guards		
Rear Bumper Protector		
Southeast Toyota Distributor Plus	\$0	
Certified Technician 46 Point,		
Final Quality Inspection,		
Digital Picture Asset Program		
TOYOGUARD(R) Elite	\$699	
Roadside Assistance, Rental Car Assistance,		
Emergency Towing, Vehicle VIN Etch		
Exterior Paint Sealant, Interior Protection,		
Two Standard Oil Changes with Filters or		
One Synthetic Oil Change with Filter at any		
S.E.T. Dealer, Two Tire Rotations,		
All New TOYOGUARD Personal Assistant and		
TOYOGUARD Auto Care Kit.		



29 MPG City

Standard Features of this Vehicle

Mechanical

1.8L 4-CYL DOHC 16-VALVE DUAL VVT-I • CONTINUOUSLY VARIABLE TRANSMISSION • 16-IN STEEL WHEELS WITH WHEEL COVERS • AND P205/55R16 TIRES

Safety

STAR SAFETY SYSTEM INCLUDES: VSC, TRAC, • ANTI-LOCK BRAKE SYSTEM, EBD, BRAKE • ASSIST & SMART STOP TECHNOLOGY (SST) • 8 AIRBAGS: DR & FR PASS ADV AIRBAG SYS, • DR & FR PASS SEAT-MOUNTED SIDE AIRBAGS, • DR KNEE AIRBAG, PASS SEAT CUSHION AIRBAG • FRONT & REAR SIDE CURTAIN AIRBAGS • WHIPLASH-INJURY LESSENING FRONT SEATS • LATCH (LWR ANCHORS&TETHERS FOR CHILDREN) • FOR OUTBOARD REAR SEATING POSITIONS ONLY

Comfort/Convenience

AUTO CLIMATE CONTROL W/ POLLEN FILTER • ENTUNE AUDIO W/6.1-IN TOUCH SCREEN INCL • ENTUNE MULTIMEDIA BUNDLE (AUX/USB/BT/ • ADV VOICE RECOGNITION), SIRI EYES FREE • STEERING WHEEL W/ AUDIO & HANDS-FREE • PHONE VOICE COMMAND CONTROLS • BACKUP CAMERA • REMOTE KEYLESS ENTRY SYSTEM • POWER DOOR LOCKS AND WINDOWS • CRUISE CONTROL

Exterior

LED LOW BEAM/HALOGEN HIGHBEAM HEADLIGHTS • LED DAYTIME RUNNING LIGHTS • COLOR-KEYED HEATED POWER OUTSIDE MIRRORS

*Accessories have been added to the vehicle after wholesale or by the dealer. Please refer to the Revised Dealer Invoice for the current vehicle pricing.

There may be other dealer preparation or service fees not shown above that are charged by the dealer, which represents costs and profit to dealer for items such as cleaning, inspecting, adjusting vehicles and preparing documents related to the sale. Please see your dealer for details.

Selection of Incentive or Special APR may affect final selling price.

Specifications, standard features and available equipment are based upon information available at the time of posting, are subject to change without notice.

Warranty Info



Date: **04/28/2016**
 Salesperson: **Fred Williams II**
 Manager: **Mario Miller**

FOR INTERNAL USE ONLY

BUSINESS NAME **ALABAMA A AND M** Home Phone: _____
 CONTACT **JEFFREY ROBINSON**

Address : **HUNTSVILLE, AL 35801**
MADISON CO

Work Phone: **(256) 372-5520**

E-Mail :

Cell Phone:

VEHICLE

Stock # : **16T1633** New / Used : **New** VIN : **JTMZFREV3GJ083488** Mileage: **14**

Vehicle : **2016 Toyota RAV4** Color : **Super White**

Type : **LE 4dr Front-wheel Drive** **4430**

TRADE IN

Payoff : VIN : Mileage:

Vehicle : Color :

Type :

Selling Price 26,298.00

Discount 4,413.50

Adjusted Price 21,884.50

Total Purchase 21,884.50

Trade Allowance

Trade Difference

Doc Fee 599.00

Non Tax Fees 16.50

Trade Payoff

Cash Deposit

Balance 22,500.00

Customer

Approval:

Management Approval:

By signing this authorization form, you certify that the above personal information is correct and accurate, and authorize the release of credit and employment information. By signing above, I provide to the dealership and its affiliates consent to communicate with me about my vehicle or any future vehicles using electronic, verbal and written communications including but not limited to eMail, text messaging, SMS, phone calls and direct mail. Terms and Conditions subject to credit approval. For Information Only. This is not an offer or contract for sale.

Print

E-Mail

Close

Cust. Name:
Cust. Phone:
Dealer: Bill Penney Toyota
Contact:
Phone: 256-837-1111
Series: RAV4
Model: 4430 - FWD LE
Model Year: 2016
Transmission: 6 Speed Automatic
VIN: JTMZFREV3GJ083488
Exterior: Super White
Interior: Black Fabric

**Estimated Pricing***

	MSRP
Base	\$24,350.00
Options	\$399.00
Manuf. Delv, Proc, & Hndlg	\$950.00
Subtotal	\$25,699.00
Dealer Fees	\$599.00
Total	\$26,298.00

Base - the price for the vehicle, prior to options and manuf. delv, proc & hndlg fees.

Options - the amount of optional equipment (accessories and packages) installed on the vehicle.

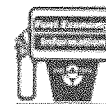
Manuf. Delv, Proc & Hndlg - Delivery, Processing & Handling - the fee that is paid by the Dealer to the Manufacturer to cover the cost of transporting the vehicle to the dealership.

Admin - the Administrative Fee is a charge paid by the Dealer to Southeast Toyota, the regional distributor, and is used for the regional dealer support programs.

Options Installed

50 State Emissions
 6-Gallons of Gas
 7 Pass Carpet Mats w/Lipped Cargo Mat
 Southeast Toyota Distributor Plus

MSRP 31 MPG Highway
 \$0
 \$0
 \$399
 \$0



24 MPG City

Standard Features of this Vehicle**Mechanical**

2.5L DOHC 4-CYLINDER ENGINE W/DUAL VVT-I • 176 HP @ 6000 RPM / 172 LB-FT @ 4100 RPM • 6-SPEED AUTOMATIC TRANSMISSION • FRONT WHEEL DRIVE (FWD) • ECO AND SPORT MODES

Safety

STAR SAFETY SYSTEM: ENHANCED VEHICLE • STABILITY CONTROL, TRACTION CONTROL, • ANTI-LOCK BRAKES, ELECTRONIC BRAKE • FORCE DISTRIBUTION, BRAKE ASSIST AND • SMART STOP TECHNOLOGY • LATCH-LOWER ANCHOR & TETHER FOR CHILDREN

Comfort/Convenience

ENTUNE AUDIO, 6.1" TOUCH-SCREEN DISPLAY • STEERING WHEEL AUDIO/BLUETOOTH CONTROLS • BACKUP CAMERA • RECLINING & FOLD-FLAT 2ND ROW SEATS • REMOTE KEYLESS ENTRY SYSTEM • 12V POWER OUTLETS (3), USB PORT (1)

Exterior

17" STEEL WHEELS WITH WIDE VENT COVERS • POWER OUTSIDE MIRRORS • ROOF RAILS, REAR SPOILER • PRIVACY GLASS- REAR SIDE, QTR & LIFTGATE

*Accessories have been added to the vehicle after wholesale or by the dealer. Please refer to the Revised Dealer Invoice for the current vehicle pricing.

There may be other dealer preparation or service fees not shown above that are charged by the dealer, which represents costs and profit to dealer for items such as cleaning, inspecting, adjusting vehicles and preparing documents related to the sale. Please see your dealer for details.

Selection of Incentive or Special APR may affect final selling price.

Specifications, standard features and available equipment are based upon information available at the time of posting, are subject to change without notice.

Warranty Info

FORM OF PROPOSAL

Date 4/28, 2016

I/we propose to furnish the following as per your specifications:

BASE PROPOSAL

Two (2) Compact Cars \$ 33,600.⁰⁰

One (1) Small SUV \$ 22,500.⁰⁰

(1) Van \$ _____

OPTION (Trade-in Vehicles)

2005 Ford Taurus, White, Tag S4867B (181,000+ miles) \$(500.⁰⁰)

2009 Dodge Journey, Royal Blue, Tag S2523A (162,000+ miles) \$(1200.⁰⁰)

TRADE TOTAL \$ 1700.⁰⁰

NOTE: Trade-in condition of vehicles subject to as is condition at time of delivery of new vehicle. Trade-in vehicle can be viewed at the Department of Facilities at 453 Buchanan Way, Normal AL 35762.

I/we can make delivery within days after the award of a contract.

Terms of the proposal are 5 BUSINESS DAYS

Respectfully Submitted,

Company Address: 4808 UNIVERSITY DR

City: HSV State: AL Zip: 35806

Signature: [Signature] Title: SM Phone: 256-837-1111



Welcome
Tina Harris

Company Information

Company Name

Bill Penney Motor Company Inc

Company ID Number

932421

Doing Business As (DBA) Name

--

DUNS Number

--

Physical Location**Address 1**

4808 University Drive

Address 2

--

City

Huntsville

State

AL

Zip Code

35816

County

MADISON

Mailing Address**Address 1**

--

Address 2

--

City

--

State

--

Zip Code

--

Additional Information

Employer Identification Number
630626817

Total Number of Employees
100 to 499

Perform Verifications for Your Company's Employees
Yes

Parent Organization
--

Organization Designation

Employer Category
None of these categories apply

[View / Edit](#)

NAICS Code
441 - MOTOR VEHICLE AND PARTS DEALERS

[View / Edit](#)

Total Hiring Sites
1

[View / Edit](#)

Total Points of Contact
1

[View / Edit](#)[View MOU](#)

Last Login: 12/30/2015 04:06 PM





State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

Bill Penney Toyota

ADDRESS

4808 UNIVERSITY DR

CITY, STATE, ZIP

Huntsville AL 35806

TELEPHONE NUMBER

(256) 837-1111

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

Alabama A&M

ADDRESS

P.O. Box 1627

CITY, STATE, ZIP

Normal, AL 35762

TELEPHONE NUMBER

(256) 372-5227

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

N/A

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

N/A

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
-----------------------	---------	---	--

N/A

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.)

N/A

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.)

N/A

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
----------------------------------	---------

N/A

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

J. Guiley

Notary's Signature

5/2/16

Date

5/2/16

Date

Jessica Guiley
Notary Public, Madison County, AL
My Commission Expires March 2, 2020

3/2/20
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.

Bid Checklist for Qualifications Submittal

Bid Number: 2K16-05B

Bid Name: Vehicle Purchase

Vendor: Landers Mkhany Didge

Time of Turn: 5/2/16 8:42 am

Was this Bid Accepted: ☒ Yes or No

If no, why not?

Is this a No Bid Response: Yes or ☒ No

The Following Items are required for Submittal

Request for Formal Bid: ☒ Yes or No

Was this form signed and dated: ☒ Yes or No

Is a Certified Check, Cashier's Check or Bid Bond Required? Yes or ☒ No

Were any submitted? Yes or ☒ No

Is this a Public Works? Yes or ☒ No

If so, was a Performance Bond submitted in the form of a Cashier's Check or Proof of Insurance from Bonding Company? Yes or No

If so, which was submitted? Cashier's Check or Proof of Insurance

Are the Specifications
Included? ☒ Yes or No

If so, is signed and dated? ☒ Yes or No

Disclosure Statement? ☒ Yes or No

Is it notarized? ☒ Yes or No

Is this a bus bid? Yes or ☒ No

If yes, did this company
Turn in the Federal Motor
Carrier Safety Form? Yes or No

Did this company send all
The required documents of
The FMCS? Yes or No

Is the E-Verify form
Included? ☒ Yes or No

Is this a complete bid? ☒ Yes or No



PURCHASE ORDER
ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY
PURCHASING DEPARTMENT
NORMAL, ALABAMA 35762
TELEPHONE: (256) 372-5227 FAX (256) 372-5223

SEE REVERSE SIDE FOR SPECIAL INSTRUCTIONS

DATE 05/13/16

Page 1

PURCHASE ORDER

P0051738

VENDOR NUMBER A00443111

PURCHASE ORDER NUMBERS MUST APPEAR ON ALL INVOICES, CORRESPONDENCES, SHIPPING PAPERS, CONTAINERS, AND PACKING LISTS.

Bill Penny Toyota
4808 University Drive
Huntsville AL 35816

SHIP TO:

AAMU Central Receiving
453 Buchanan Way
Normal, Alabama 35762

ATTN:

Jeffrey Robinson

MAIL OR EMAIL INVOICES TO:

ALABAMA A. & M. UNIVERSITY
ACCOUNTS PAYABLE
Rm. 105 Patton Hall
NORMAL, ALABAMA 35762
Email: accounts.payable@aamu.edu

TERMS

NET 30 DAYS

FOB

PURCHASING CONTACT

Jeffrey Robinson

TELEPHONE

ESTIMATED DELIVERY

05/17/16

ITEM	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
			AAMU Bid2k16-05B		
1	2.00	EA	2016 Toyota Corolla includes doc fee of 599.00 and non tax fee of 16.5	16,800.0000	33,600.00

Jeffrey L. Robinson

AAMU AUTHORIZED PURCHASING OFFICIAL SIGNATURE

DISCOUNT: .00
ADDITIONAL CHARGES: .00
TOTAL TAXES: .00
TOTAL: 33,600.00

VENDOR COPY



PURCHASE ORDER
ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY
PURCHASING DEPARTMENT
NORMAL, ALABAMA 35762
TELEPHONE: (256) 372-5227 FAX (256) 372-5223

SEE REVERSE SIDE FOR SPECIAL INSTRUCTIONS

DATE 05/13/16

Page 1

VENDOR NUMBER A00362461

PURCHASE ORDER
P0051739

PURCHASE ORDER NUMBERS MUST APPEAR ON ALL INVOICES, CORRESPONDENCES, SHIPPING PAPERS, CONTAINERS, AND PACKING LISTS.

RML HUNTSVILLE, AL, LLC AKA LANDERS MCL
4930 UNIVERSITY DRIVE
HUNTSVILLE AL 35816

MAIL OR EMAIL INVOICES TO:

ALABAMA A. & M. UNIVERSITY
ACCOUNTS PAYABLE
Rm. 105 Patton Hall
NORMAL, ALABAMA 35762
Email: accounts.payable@aamu.edu

TERMS

NET 30 DAYS
FOB

PURCHASING CONTACT

Jeffrey Robinson
TELEPHONE

SHIP TO:

AAMU Central Receiving
453 Buchanan Way
Normal; Alabama 35762

ATTN:

Jeffrey Robinson

ESTIMATED DELIVERY

05/24/16

ITEM	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
			AAMU BID 2k16-05B		
1	1.00	EA	Jeep Patriot sport	18,436.0000	18,436.00
2	1.00	EA	Ram Promaster city	21,893.0000	21,893.00

Jeffrey L. Robinson

AAMU AUTHORIZED PURCHASING OFFICIAL SIGNATURE

DISCOUNT: .00
ADDITIONAL CHARGES: .00
TOTAL TAXES: .00
TOTAL: 40,329.00

VENDOR COPY

Purchasing Department

Evaluation

Bid Number: 2K16-05B

Leadco's Mc Carly Bid on all four Vehicles

- Compact cars cost more
- mid size SUV best price
- Cargo Van best price

Bill Perry Toyota Bid on Compact Cars & mid Size SUV

- Compact Cars best price

Bid will be split.



ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY
PURCHASING DEPARTMENT
POST OFFICE BOX 1627
305 PATTON HALL
NORMAL, ALABAMA 35762
TELEPHONE: (256) 372-5227

DATE 04/18/2016 BID NUMBER 2k16-05B

RESPONSE DUE BY

05/02/2016

2:00 P.M.

REQUEST FOR FORMAL BID

WHEN USING FEDEX, UPS, OR ANY EXPRESS
PACKAGING/SHIPPING, THE BID NUMBER MUST
BE CLEARLY PRINTED ON THE AIR BILL.

CONTACT Jeff Robinson

PHONE 256-372-5227

VENDOR NO.

V Landers McLarty Dodge
E
N 6533 University Drive NW
D
O Huntsville, AL. 35806
R

ALL BIDS MUST BE SIGNED, SEALED, AND RETURNED IN AN
ENVELOPE WITH THE BID NUMBER AND OPENING DATE NOTED
ON FRONT. FORWARD ALL BIDS TO THE ADDRESS INDICATED
ABOVE. FAILURE TO COMPLY WILL RESULT IN A "NO BID" RE-
SPONSE IN ACCORDANCE WITH ALABAMA COMPETITIVE BID
LAW 41-16-24 sub-part b.

THE ABOVE BID NUMBER MUST APPEAR ON ALL
BIDS AND RELATED CORRESPONDENCE

NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
	2	EA	DODGE JAWT SE	17329	34658
	1	EA	JEEP PATRIOT SPORT	18436	18436
	1	EA	RAM PROMASTER CITY	21893	21893

SHOULD A PURCHASE ORDER BE ISSUED, THE FOREGOING AND THE TERMS
AND CONDITIONS ON THE ATTACHED SHEET SHALL BE APPLICABLE AND BIND-
ING UPON THE VENDOR.
I ACKNOWLEDGE THAT I HAVE SIGNATURE AUTHORITY TO SIGN ON BEHALF OF
THE COMPANY AND HEREBY AGREE TO ALL GENERAL CONDITIONS OF THIS BID
REQUEST.

TOTAL

92,316⁰⁰

SIGNATURE

COMPANY REPRESENTATIVE

DATE

4/26/16
An affirmative action/equal opportunity institution

Note: In order for an alternate bid to be considered, bidders must supply current catalogs or brochures, including pictorials and specifications.

Please indicate your company classification by circling the appropriate initial: Small Business (SB), a Small Disadvantaged Business (SD), a Black Small Disadvantaged Business (BD), a Woman-Owned Small Business (WB), a Woman-Owned Small Disadvantaged Business (WD), a Black Woman-Owned Small Disadvantaged Business (BW), a Large Business (LB), an Individual (IN), Educational (ED), Non-Profit (NP), a Labor Surplus Area Concern (LS), Disabled Veteran-Owned Small Business (DV), Veteran-Owned Small Business (VS), Historically Underutilized Business Zone (UZ), or a Governmental Agency (GV).

F.O.B. Point	TERMS <i>NET 30</i>	WARRANTY <i>3YR/36000 BUMPER TO BUMPER 5YR/100000 POWER TRAIN</i>
AAMU DESTINATION	YOUR REFERENCE NO.*	QUOTATION EFFECTIVE UNTIL <i>60 DAYS</i>
ESTIMATED DELIVERY		

*Your company reference number, if applicable with this bid quotation.

Certification Pursuant To Act No. 2006-557

Alabama Law (Section 41-4-116, Code of Alabama 1975) provides that every bid submitted and contract executed shall contain a certification that the vendor, contractor, and all of its affiliates that make sales for delivery into Alabama or leases for use in Alabama are registered, collecting, and remitting Alabama state and local sales, use, and/or lease tax on all taxable sales and leases into Alabama. By submitting this bid, the bidder is hereby certifying that they are in full compliance with Act No. 2006-557, they are not barred from bidding or entering into a contract pursuant to 41-4-116, and acknowledges that the awarding authority may declare the contract void if the certification is false.

LANDERS McARTY DCJR

COMPANY NAME (TYPE OR PRINT)

ALLAN SMITH

SIGNER'S NAME (TYPE OR PRINT)

[Signature]

SIGNATURE

256 830 6450

TELEPHONE NUMBER

256 721 6430

FAX NUMBER

4-26-16

DATE

Alabama Agricultural and Mechanical University prohibits the installation of asbestos on its campus. Suppliers and contractors will not supply any equipment, material, or supplies, which contain asbestos without prior written approval.

Failure to designate Bid Number and Opening Date on the outside of your sealed envelope containing your bid and more than one bid submitted in this envelope will result in a "No Bid" response in accordance with Alabama Competitive Bid Law 41-16-24 subpart b.

Alabama Agricultural and Mechanical University will not accept faxed bids.

Any product that fails to meet the specifications, performance requirements or compatibility requirements will be rejected and returned to the vendor at no cost to the University.

The University reserves the right to award this contract, in whole, in part, or to reject any and all quotations.

Alabama A & M University is an instrumentality of the State and is federal, state and local tax exempt.

SPECIAL NOTE:

Manufacturer's published product data must be included with your bid response for any alternate offerings. Any exception taken to any portion of this Request for Price Quotation must be stated on the bid response sheets or Alabama A&M University will assume compliance with all requirements as stated. The successful bidder will be responsible and accountable for providing those items as specified in its bid response.

Bid Number: **2k16-05B**

Page 1 of 2[illegible]

Grand Total:

FOB Point:	Terms:	Warranty:
Estimated Delivery:	Your Reference No.:	Quotation Effective Until:

If we receive your order to furnish items listed hereon at the prices and under the conditions indicated. Pricing on this page reflects the pricing for the associated specifications.

Signed _____
Vendor Name _____ Date _____

By _____

FORM OF PROPOSAL

Date 4-26, 2016

I/we propose to furnish the following as per your specifications:

BASE PROPOSAL

Two (2) Compact Cars \$ 34658

One (1) Small SUV \$ 18436

(1) Van \$ 21893

OPTION (Trade-in Vehicles)

2005 Ford Taurus, White, Tag S4867B (181,000+ miles) \$(750)

2009 Dodge Journey, Royal Blue, Tag S2523A (162,000+ miles) \$(2000)

TRADE TOTAL \$ 2750

NOTE: Trade-in condition of vehicles subject to as is condition at time of delivery of new vehicle. Trade-in vehicle can be viewed at the Department of Facilities at 453 Buchanan Way, Normal AL 35762.

I/we can make delivery within days after the award of a contract. 45-60 Days

Terms of the proposal are NET 30 Days

Respectfully Submitted,

Company Address: LANDERS McLARTY DCTR 6533 UNIVERSITY DR

City: HUNTSVILLE State: AL Zip: 35806

Signature: [Signature] Title: FLEET MGR Phone: 256-8306450



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/24/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
INSURED LANDERS MCLARTY HUNTSVILLE DODGE CHRYSLER JEEP FIAT 6533 UNIVERSITY DR NW HUNTSVILLE, AL 35806-1717		INSURER(S) AFFORDING COVERAGE INSURER A: FEDERATED SERVICE INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
357-557-8		NAIC # 28304	

COVERAGES

CERTIFICATE NUMBER: 94

REVISION NUMBER: 0

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	N	N	9104647	08/01/2015	08/01/2016	EACH OCCURRENCE \$500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) EXCLUDED PERSONAL & ADV INJURY \$500,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION	N	N	9104651	08/01/2015	08/01/2016	EACH OCCURRENCE \$15,000,000 AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/>	N / A	N	9104652	08/01/2015	08/01/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER357-557-8
CITY OF HUNTSVILLE
308 FOUNTAIN CIR SW
HUNTSVILLE, AL 35801-4240

94 0

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Employment Eligibility Verification

Welcome
Jennifer StanekUser ID
JSTA1855Last Login
01:14 PM - 10/15/2015

Log Out



Click any for help

[Home](#)**My Cases**[Now Case](#)[View Cases](#)[Search Cases](#)**My Clients**[Add New Client](#)[View Existing Clients](#)**My Profile**[Edit Profile](#)[Change Password](#)[Change Security Questions](#)**My Company**[Edit Company Profile](#)[Add New User](#)[View Existing Users](#)[Close Company Account](#)**My Reports**[View Reports](#)**My Web Services**[Manage Web Services](#)**My Resources**[View Essential Resources](#)[Take Tutorial](#)[View User Manual](#)[Share Ideas](#)[Contact Us](#)**Company Information**

Client Company Name: RML Huntsville AL, LLC

[View / Edit](#)

Client ID Number: 707367

Doing Business As (DBA) Name: Landers McLarty DCJ / Fiat / Subaru

DUNS Number:

Physical Location:

Address 1: 6533 University Dr

Address 2:

City: Huntsville

State: AL

Zip Code: 35806

County: MADISON

Mailing Address:

Address 1:

Address 2:

City:

State:

Zip Code:

Additional Information:

Employer Identification Number: 262144096

Total Number of Employees: 100 to 499

Parent Organization:

Administrator:

Organization Designation:

Client Company Category: None of these categories apply



Company ID Number: 122651
Client Company ID Number: 707367

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING FOR EMPLOYERS USING A E-VERIFY EMPLOYER AGENT

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS), **RML Huntsville AL, LLC** (Employer), and **JOBAPP NETWORK, INC.** (E-Verify Employer Agent) regarding the Employer's and E-Verify Employer Agent's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), the Employer, and the E-Verify Employer Agent. References to the Employer include the E-Verify Employer Agent when acting on behalf of the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts or to verify the entire workforce if the contractor so chooses.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor with the FAR E-Verify clause") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer (through the E-Verify Employer Agent) with available information that will allow the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide the Employer and E-Verify Employer Agent appropriate assistance with operational problems that may arise during the Employer's participation in E-Verify. SSA agrees to provide the E-Verify Employer Agent with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.



Company ID Number: 122651
Client Company ID Number: 707367

3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of E-Verify or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.
5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and non-citizens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for employees through E-Verify, DHS agrees to provide the Employer (through the E-Verify Employer Agent) access to selected data from DHS's database to enable the Employer (through the E-Verify Employer Agent) to conduct, to the extent authorized by this MOU:
 - Automated verification checks on employees by electronic means, and
 - Photo verification checks (when available) on employees.
2. DHS agrees to provide to the Employer and E-Verify Employer Agent appropriate assistance with operational problems that may arise during the Employer's participation in E-Verify. DHS agrees to provide the E-Verify Employer Agent names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.
3. DHS agrees to make available to the Employer (through the E-Verify Employer Agent), at the E-Verify Web site and on the E-Verify Web browser, instructional materials on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.
4. DHS agrees to provide to the Employer (through the E-Verify Employer Agent) a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer (through the E-Verify Employer Agent) anti-discrimination



Company ID Number: 122651
Client Company ID Number: 707367

notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the E-Verify Employer Agent a user identification number and password that will be used exclusively by the E-Verify Employer Agent, on behalf of the Employer, to verify information provided by employees with DHS's databases.
6. DHS agrees to safeguard the information provided to DHS by the Employer (through the E-Verify Employer Agent), and to limit access to such information to individuals responsible for the verification of employees' employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.
7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government workdays of the initial inquiry.
8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS (through the E-Verify Employer Agent) in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual. The Employer will obtain the E-Verify User Manual from the E-Verify Employer Agent.
4. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:
 - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish



Company ID Number: 122651
Client Company ID Number: 707367

identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 1-888-464-4218.

- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The photocopy must be of sufficient quality to allow for verification of the photo and written information. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.
5. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 4 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in good faith compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 and E-Verify system compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.
6. The Employer agrees to initiate E-Verify verification procedures (through the E-Verify Employer Agent), for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal Contractors. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. Employers may initiate verification, through the E-Verify Employer Agent, by notating the Form I-9 in circumstances where the



Company ID Number: 122651
Client Company ID Number: 707367

employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer (through the E-Verify Employer Agent) performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

7. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify (through its E-Verify Employer Agent) for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses the E-Verify system for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.
8. The Employer (through its E-Verify Employer Agent) agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees in private of the finding and providing them written notice of the findings, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.
9. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work, or otherwise mistreating an employee) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final



Company ID Number: 122651
Client Company ID Number: 707367

nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

10. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA, as applicable, by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).
11. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.
12. The Employer agrees that it will use the information it receives from SSA or DHS (through the E-Verify Employer Agent) pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.
13. The Employer acknowledges that the information which it receives through the E-Verify Employer Agent from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.
14. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.



Company ID Number: 122651
Client Company ID Number: 707367

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS WITH THE FAR E-VERIFY CLAUSE

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.
 - a. Federal contractors with the FAR E-Verify clause agree to become familiar with and comply with the most recent versions of the E-Verify User Manual for Federal Contractors and the E-Verify Supplemental Guide for Federal Contractors.
 - b. Federal contractors with the FAR E-Verify clause agree to complete a tutorial for Federal contractors with the FAR E-Verify clause.
 - c. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in E-Verify within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time of enrollment in the system and then selecting which employees will be verified in E-Verify or within 30 days of an employee's assignment to the contract, whichever date is later.
 - d. Employer that are already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days



Company ID Number: 122651
Client Company ID Number: 707367

after the date of hire. An Employer enrolled as a Federal contractor with the FAR E-Verify clause in E-Verify must initiate verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

- e. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors with the FAR E-Verify clause may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II, part D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local, tribal governments, and sureties.
- f. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only new employees and those existing employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.
- g. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: Federal contractors with the FAR E-Verify clause (through their E-Verify Employer Agent) may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt as long as that Form I-9 is complete (including the SSN), complies with Article II.C.4, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.4, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.4, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.4, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent



Company ID Number: 122651
Client Company ID Number: 707367

to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.4, subject to any additional or superseding instructions that may be provided on this subject in the Supplemental Guide for Federal Contractors. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor with the FAR E-Verify clause.

2. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

E. RESPONSIBILITIES OF THE E-VERIFY EMPLOYER AGENT

1. The E-Verify Employer Agent agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the E-Verify Employer Agent representatives who will be accessing information under E-Verify.
2. The E-Verify Employer Agent agrees to become familiar with and comply with the E-Verify User Manual and provide a copy of the manual to the Employer so that the Employer can become familiar with and comply with E-Verify policy and procedures.
3. The E-Verify Employer Agent agrees that any E-Verify Employer Agent Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
 - a. The E-Verify Employer Agent agrees that all E-Verify Employer Agent representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.
 - b. Failure to complete a refresher tutorial will prevent the E-Verify Employer Agent and Employer from continued use of the program.
4. The E-Verify Employer Agent agrees to obtain the necessary equipment to utilize E-Verify.
5. The E-Verify Employer Agent agrees to provide the Employer with the notices described in Article II.B.4 above.
6. The E-Verify Employer Agent agrees to initiate E-Verify procedures on behalf of the Employer in accordance with the E-Verify Manual and E-Verify Web-Based Tutorial. The E-Verify Employer Agent will query the automated system using information provided by the Employer and will immediately communicate the response back to the Employer. If the automated system to be queried is temporarily unavailable, the 3-day



Company ID Number: 122651
Client Company ID Number: 707367

time period is extended until it is again operational in order to accommodate the E-Verify Employer Agent's attempting, in good faith, to make inquiries on behalf of the Employer during the period of unavailability. In all cases, the E-Verify Employer Agent will use the SSA verification procedures first, and will use DHS verification procedures only as directed by the SSA verification response.

7. The E-Verify Employer Agent agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer (through the E-Verify Employer Agent), will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer (through the E-Verify Employer Agent) within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS



Company ID Number: 122651
Client Company ID Number: 707367

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.
5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer (or the E-Verify Employer Agent) will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:
 - Scanning and uploading the document, or
 - Sending a photocopy of the document by and express mail account (paid for at employer expense).
7. If the Employer (through the E-Verify Employer Agent) determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.4 with the image generated in E-Verify, the Employer (through the E-Verify Employer Agent) must forward the employee's documentation to DHS using one of the means described in the preceding paragraph, and allow DHS to resolve the case.

ARTICLE IV

SERVICE PROVISIONS



Company ID Number: 122651
Client Company ID Number: 707367

The SSA and DHS will not charge the Employer or the E-Verify Employer Agent for verification services performed under this MOU. DHS is not responsible for providing the equipment needed to make inquiries. A personal computer with Internet access is needed to access the E-Verify System.

ARTICLE V

PARTIES

- A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual, the E-Verify User Manual for Federal Contractors, or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to participants that are not Federal contractors with the FAR E-Verify clause, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.
- B. Notwithstanding Article V, part A of this MOU, DHS may terminate access to E-Verify if it is deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the E-Verify Employer Agent or the Employer, or a failure on the part of either to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, termination of this MOU by any party for any reason may negatively affect the Employer's performance of its contractual responsibilities.
- C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.
- D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the E-Verify Employer Agent, the Employer, or their agents, officers, or employees.



Company ID Number: 122651
Client Company ID Number: 707367

- E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the E-Verify Employer Agent or the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the E-Verify Employer Agent or the Employer.
- F. Participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).
- G. The foregoing constitutes the full agreement on this subject between DHS, the Employer and the E-Verify Employer Agent.

RML Huntsville AL, LLC (Employer) hereby designates and appoints JOBAPP NETWORK, INC. (E-Verify Employer Agent), including its officers and employees, as the E-Verify Employer Agent for the purpose of carrying out RML Huntsville AL, LLC (Employer) responsibilities under the MOU between the Employer, the E-Verify Employer Agent, and DHS.



Company ID Number: 122651
Client Company ID Number: 707367

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer, the E-Verify Employer Agent and DHS respectively.

If you have any questions, contact E-Verify at 1-888-464-4218.

Approved by:

Employer RML Huntsville AL, LLC

EMILY REITMAN
Name (Please Type or Print)

Human Resource and Payroll admin.
Title

Emily Reitman
Signature

9/3/13
Date

E-Verify Employer Agent JOBAPP NETWORK, INC.

Paula Passalacqua
Name (Please Type or Print)

Title

Electronically Signed
Signature

09/01/2013
Date

Department of Homeland Security – Verification Division

Name (Please Type or Print)

Title

Signature

Date

Information Required For the E-Verify E-Verify Employer Agent Program

Information relating to your Company:

Company Name: RML Huntsville AL, LLC

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 (as shown on your income tax return) RML HUNTSVILLE AL LLC	
Business name/disregarded entity name, if different from above LANDERS MCLARTY DODGE CHRYSLER JEEP	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ C <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) 6533 UNIVERSITY DRIVE	Requester's name and address (optional)
City, state, and ZIP code HUNTSVILLE AL 35806	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. 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.

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

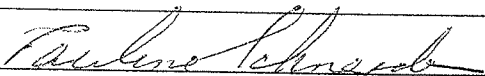
Social security number										
			-							
Employer identification number										
2	6		-	2	1	4	4	0	9	6

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

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 ▶ 09/07/2012
-----------	--	--------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



State of Alabama Disclosure Statement

(Required by Act 2001-935)

LANDERS Mc LARTY DODGE CHRYSLER JEEP RAM
ENTITY COMPLETING FORM
6533 UNIVERSITY DR
ADDRESS
Huntsville AL 35806
CITY, STATE, ZIP

TELEPHONE NUMBER
(256) 830-6450

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ALABAMA A&M UNIVERSITY
ADDRESS
4900 MERIDIAN ST
CITY, STATE, ZIP
Huntsville AL 35811

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
UNIVERSITY OF AL	VEHICLE	

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
----------------------------------	---------	-------------------------

NONE

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
NONE			

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
NONE	

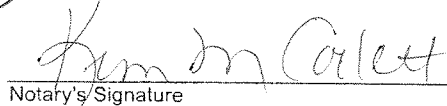
By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.



Signature

5/2/16

Date



Notary's Signature

5-2-16

Date

My Commission Expires 3/12/2019

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.

GENERAL CONDITIONS

1. **Award:** Alabama Agricultural and Mechanical University reserves the right to accept or to reject any or all bids and is not necessarily bound to accept the lowest bid if that bid is contrary to the best interest of the University. In making an award, intangible factors such as bidder's service, integrity, facilities, equipment, reputation, and past performance will be weighed along with the quality displayed in the samples submitted. Bids may be awarded either item by item, in products groups, or all or none, whichever appears to be in the best interest of the University. The University reserves the right to waive any or all formalities.
2. **Bid Withdrawal:** No bids may be withdrawn without approval from Alabama Agricultural and Mechanical University Purchasing Department. Any requests for withdrawal must be in writing to the Purchasing Department within five (5) days after opening date with justification for reason of withdrawal. More than two (2) such requests could result in removal from our bid list. No bid may be withdrawn after the issuance of a purchase order. If a withdrawal is made after the purchase order is issued, the vendor will be considered in default. Refer to "Default of Contractor".
3. **Prices and Payment Terms:** Bidders should quote applicable cash discounts. The University will not take into consideration in bid evaluation any cash discount of less than thirty (30) days duration. However, we will take advantage of all discounts for which we are eligible. Identify these discounts in your bid response. Bids containing "payment in advance" or "COD" requirements may be rejected.
4. **Applicable Law:** It is agreed that this quotation is valid to the extent that it does not violate the constitution or the laws of the State of Alabama.

Bidder represents and warrants that all article and services covered by this bid meet or exceed the safety standards established and promulgated under the Federal, Occupational Safety and Health Act of 1970, No. 2006, and its regulations in effect or proposed as of the date of this bid.

The furnishing of materials, supplies, equipment or service to Alabama Agricultural and Mechanical University under this purchase order, contract, solicitation for bids, or construction specification constitutes assurance by the vendor or contractor of his compliance with applicable provisions of and pertinent regulations promulgated under Executive Order 11246, date September 28, 1965 issued by the President of the United States of America, and Public Law 88-352, 88th Congress, the "Civil Rights Act of 1964".

5. **Non-Collusion:** Any agreement or collusion among bidders or prospective bidders in restraint of freedom of competition, by agreement to bid at a fixed price or to refrain from bidding, or otherwise, shall render the bids of such bidders void. Each bidder certifies that he has not been a party to such an agreement by signing this bid.
6. **New Products:** Unless specifically called for in the bid, all products for purchase must be new, never previously used, and the current model and/or packaging. No remanufactured, demonstrator, used, or irregular product will be considered for purchase unless otherwise specified in the bid. The manufacturer's standard warranty will apply unless otherwise specified in the bid. All requests should be supplied complete, ready to be installed, including all cabling and connectors where applicable.
7. **Bonds:** Bid and performance security bond, when required will be indicated.
8. **Bid Submission:** Failure to submit a bid on the official AAMU form provided for that purpose shall be a cause for rejection of the bid. Return of the complete document is required. Modification of or additions to any portion of the solicitation may be cause for rejection of the bid; however, AAMU reserves the right to decide, on a case by case basis, in its sole discretion, whether or not to reject such a bid as non-responsive.

All information shall be entered in ink or typewritten in the appropriate space on the form. Mistakes may be crossed out and corrections inserted before submission of your bid. Corrections shall be initialed in ink by the person signing the bid.

All bids must be signed. Failure to do so will result in rejection of the bid.

9. **Delivery:** Time of delivery shall be stated as the number of calendar days following receipt of the order by the vendor, to receipt of the goods by Alabama Agricultural and Mechanical University.

Delivery time may be a criterion in awarding bids. Specify earliest possible delivery after receipt of order.

Failure to deliver within the time vendor specified in the bid will constitute a default and may cause cancellation of the contract. Refer to "Default of Contractor".

AUTO SPECIFICATIONS for COMPACT CARS

GENERAL

The successful Bidder shall provide the following vehicle in accordance with the Bidding Instructions and in accordance with or equal to the item specified below in the auto specification:

Alabama A&M University reserves the right to accept or reject the bid for the Trade-In vehicle which could affect the final bid submitted.

Vehicles shall include at a minimum 3-year bumper to bumper warranty.

VEHICLE SPECIFICATIONS

ENGINE

1.8 – 2.0 liter I-4

TRANSMISSION

Automatic

SUSPENSION FRONT

Independent front strut suspension

SUSPENSION REAR

Independent rear suspension with stabilizer bar

BRAKES

Electronic brake assist

Front Disc / rear drum or disc anti-lock braking system

STEERING

Electric power-assisted steering

Tilt and/or telescoping steering wheel

Cruise Control

EXTERIOR

Color: White

INTERIOR

Standard - all cloth (color to be dark)

Seat: 4-way manual driver seat

Full gauge instrument panel

Factory air conditioning, heater and defroster

AM/FM radio with clock

Passenger side air bag.

Power windows and locks

WINDSHIELD WASHERS & WIPERS

Intermittent

WHEELS & TIRES

Wheels: Standard

Spare tire carrier: Mini spare tire w/ car jack

FLOOR MATS

Standard - Black

SERVICE MANUAL

One (1) hard copy of Car Service & Parts Manual with CD/DVD version included

Title.

Serviced and Ready For Use with full tank of fuel

*AVAILABLE ONLY THRU
ONLINE SERVICE*

AUTO SPECIFICATIONS for SMALL SUV

VEHICLE SPECIFICATIONS

ENGINE

1.4 – 2.5 liter I-4

TRANSMISSION

6 speed Automatic Transmission

Front wheel drive

BRAKES

Four-wheel disc Anti-lock brake system

STEERING

Electric power-assisted steering

Tilt and/or telescoping steering wheel

EXTERIOR

Color: White

INTERIOR

Standard - all cloth (color to be dark)

Front bucket seats, 4-way manual driver seat

60/40 split second-row

Full gauge instrument panel

Factory air conditioning, heater and defroster

AM/FM radio with clock

Passenger side air bag.

Power windows and locks

WINDSHIELD WASHERS & WIPERS

Intermittent

WHEELS & TIRES

Wheels: Standard

Spare tire carrier: Mini spare tire w/ jack

FLOOR MATS

Standard - Black

SERVICE MANUAL

One (1) hard copy of Truck Service & Parts Manual with CD/DVD version included

Title. Serviced and Ready For Use with full tank of fuel

*AVAILABLE ONLY
THRU ONLINE SERVICE*

AUTO SPECIFICATIONS for SMALL CARGO / WORK VAN

VEHICLE SPECIFICATIONS

G.V.W.R.

5,020 LBS. - Minimum

BODY STYLE AND DIMENSIONS

Length: 13 feet minimum

ENGINE

2.5 Liter, I-4

TRANSMISSION

6 speed automatic transmission

9 SPEED

SUSPENSION FRONT

Independent strut suspension

SUSPENSION REAR

Twist beam with stabilizer bar

FUEL TANK

Standard - Single tank (15 U.S. gallons minimum)

ELECTRICAL

Standard - battery: 590 CCA, Maintenance Free

150-amp Alternator

BRAKES

Four-wheel disc Anti-lock brake system

*ABS FRONT Disc
REAR Drum*

STEERING

Electric power-assisted steering

Tilt and/or telescoping steering wheel

EXTERIOR

Color: White

180 Degree swing-out rear cargo doors

Single or dual sliding doors

Rear cargo light – LED

INTERIOR

Standard - all vinyl or cloth (color to be dark)

4-way adjustable driver and passenger seat with fold-flat feature

Second-row easy removal seating with fold-flat feature

Full gauge instrument panel

Factory air conditioning, heater and defroster

AM/FM radio with clock

Front seat air bags

Power windows and locks

WINDSHIELD WASHERS & WIPERS

Intermittent

WHEELS & TIRES

Wheels: Standard

Spare tire carrier: full size spare tire w/ jack

SERVICE MANUAL

One (1) hard copy of SUV Service & Parts Manual with CD/DVD version included

Title. Serviced and Ready For Use with full tank of fuel

*AVAILABLE ONLY
THRU ONLINE SERVICE*