

# **Jacksonville State University**

# INVITATION TO BID ITB#26-10-27-0001

# Pest Management Services for Housing Operations and Residence Life

BIDS MUST BE RECEIVED BEFORE: 3:00 P.M. CST on Monday, October 27, 2025

**Bid Delivery Address:** 

Jacksonville State University
Attn: Shasta Platt
Procurement and Fixed Assets
700 Pelham Rd N
324 Bibb Graves Hall
Jacksonville, AL 36265

# **INVITATION TO BID**

# SIGNATURE CERTIFICATION PAGE

Bid Number:	Jax State ITB# 26-10-27-0001
<b>Description</b> :	Housing and Residence Life Pest Control
<b>Due Date</b> :	Monday, October 27, 2025 Time: 3:00 PM CST
ITB Issue Date:	Friday, October 17, 2025
AND ENVELOPE MU	EPTED UNTIL THE TIME AND DATE SPECIFIED ABOVE. THE BID PACKAGE JST BE SEALED AND PROPERLY MARKED WITH THE BID NUMBER, DATE ING AND RESPONDENT'S RETURN ADDRESS.
of the respondent to time. The bid packet	one (2) unbound copies of all documents must be submitted. It is the responsibility ensure that the bid packet arrives in the Procurement and Fixed Assets office on a should be hand delivered or sent by FedEx or UPS. No electronic copies will be concerning the ITB and submission process should be submitted in writing to Shasta u.
Company Name:	
Name (Type or Print)	
Title:	
Address:	
Telephone Number:	
E-Mail Address:	
executed shall contain a into Alabama or leases use and and/or lease to hereby certifying that t	41-4-116, Code of Alabama 1975) provides that every bid submitted and contract a certification that the vendor, contractor, and all its affiliates that make sales for delivery for use in Alabama are registered, collecting and remitting Alabama state and local sales, ax on all taxable sales and leases into Alabama. By submitting this bid, the bidder is hey are in full compliance with State of Alabama Act No. 2006-557 and acknowledges rity may declare the contract void if the certification is false.
set forth in this Invitation any portion thereof.	ed to the lowest responsible and responsible bidder whose bid meets the requirements as on to Bid. Jacksonville State University reserves the right to accept or reject all bids or JSU assumes no liability for expenses incurred by firms in the preparation of their Once received, all bids become the property of Jax State.

Signature of authorized agent:

# INVITATION TO BID PEST MANAGEMENT SERVICES FOR HOUSING OPERATIONS AND RESIDENCE LIFE JACKSONVILLE STATE UNIVERSITY

Jacksonville State University (JSU) is requesting bids from a vendor to provide integrated pest management services for all university apartment facilities, residence halls, and houses on a monthly/as needed basis. Please submit an original bid response and one copy. Please submit all documents listed on the last page of these specifications with bid response.

The selected vendor must agree to accept a university purchase order as a contract for this service. Any other documents that will be required must be submitted with the bid response. This bid may be awarded in total. To be considered for a total bid award, a pricing response must be submitted for each item.

# I. Scope

- A. Jacksonville State University is soliciting bids from qualified pest control contractors to provide management, supervision, labor, material and supplies to ensure that a high standard of pest control is maintained in the buildings identified herein. As per the provided list of square footage by building, qualified pest control contractors will provide a price for all buildings listed in the contract specifications.
- B. The State of Alabama Competitive Bid Law requires the awarded vendor to provide the University with a \$1,000 performance bond (or Cashier's Check made payable to Jacksonville State University) prior to the issuance of a purchase order. When and if all services have been satisfactorily completed at the end of the contract, the bond will be returned to the vendor.
- C. Contractor must be licensed, insured, and furnish own equipment, materials, and labor. A copy of Certificate of Insurance should be submitted with bid response.
- D. This contract will be for a one-year period. Upon mutual agreement by the university and selected vendor, this contract may be extended for four additional one-year terms.
- E. This contract may include a provision requiring the contractor to bear the cost of criminal background checks (state and federal criminal convictions and sex offender registry status for the last seven years) for all employees, agents, or subcontractor performing work on University property.
- F. Service is to begin immediately after award of purchase order/contract.
- G. Price increases are not permitted during the terms of the contract.
- H. Pest control services are to be rendered by the Contractor covering the actual performance of periodic preventive control and extermination of infestations, within practical parameters of the

following rodents and insects:

- 1. Rats, mice, ants, silverfish, ticks, all types of roaches, spiders, mosquitoes, flies, fleas and stinging insects such as wasps, bees, and hornets. "Ants" include all varieties.
- 2. Contractor will handle treatment of bed bugs on a case-by-case basis as needed and the university recognizes this will be separate pricing and not part of the bid. Inspection of an area suspected of bed bugs will be part of the normal pest control services. Contractor must provide an established bed bug protocol at time of assignment.
- 3. Contractor will handle treatment of termites on a case-by-case basis as needed and the university recognizes this will be a separate pricing and not part of the bid. Inspection of an area suspected of termites will be part of the normal pest control services. The university may use the price quoted; however, the university also reserves the right to seek other quotes and/or solicit an alternate vendor.
- H. Service Applicators are to inspect and treat such areas as storerooms, utility plants, housekeeping closets, mechanical rooms, vending rooms, and kitchen/food service areas monthly to prevent pest infestation.
- I. Treatment is to include the inside and outside of all buildings identified herein for ant (all varieties), roach, and small rodent control with bait, granules or traps, at no extra cost to the University. Any cost will be borne by the Contractor and not used as a determinant for utilizing the most effective product appropriate to the task.
- J. The Office of Housing Operations and Residence Life staff will be responsible for monitoring and evaluating the work of the contractor to ensure the contractor's compliance with these specifications.
- K. The University reserves the right to require, in writing, a different Service Applicator if the University is unsatisfied with the Service Applicator provided by the Contractor. If the University is satisfied with a current Applicator, the University would request that the contractor make every effort to keep that Applicator servicing the contract.
- L. Contractor will note, in writing, any action necessary by the university to reduce current/future pest activity such as tree trimming, sealing of open areas, etc.
- M. Contractor will maintain an ongoing preventative maintenance program tailored to meet the needs of a variety of campus environments.
- N. Contractor must have a minimum of three (3) years' experience with implementation and continuation of Integrated Pest Management (IPM) programs. Contractor will provide a client list for at least five major IPM accounts (multiple building, multiple scattered sites) Contractor will provide documentation of their IPM program.

- O. The bidder must provide three (3) independent references from three (3) different projects of similar scope, nature, and complexity to that requested by the university. The university prefers educational or governmental entity references. Each of the references must include the following information: Entity name, Industry Type, and Address (include city, state, country). Contractor will maintain an ongoing preventative maintenance program tailored to meet the needs of a variety of campus environments.
- P. Contractor must ensure that all invoices are submitted to the following address no later than one week after each service date. All invoices should include a detailed summary report of services rendered.

Office of Housing Operations and Residence Life
111 Angle Hall
700 Pelham Road North
Jacksonville, AL 36265

#### II. Housing

A. The buildings will be serviced weekly as indicated on these specifications. The schedule will be every Monday with the Applicator reporting to Angle Hall.

### III. Monthly/as needed basis Treatment

#### A. Housing/Residential Buildings

Service Applicators are to inspect and treat all kitchens, bathrooms, vanity areas, bedrooms, utility closets, hallways, offices, classrooms, common areas, laundry rooms, lobbies, stairwells, restrooms, mechanical rooms, housekeeping closets, storage closets, kitchens/food service areas and vending areas monthly. Areas of treatment must include, but are not limited to, baseboards/wallboards, ceilings, windowsills, outlets (if necessary) and floor drains (if necessary). Additionally, the Applicator must treat around/under refrigerators, dishwashers, and stoves, against kitchen baseboards, and inside cracks and voids in kitchen cabinets. Liquid residual material is to be applied, such as Demand CS or Phantom. Treat with gel baits such as Maxforce or utilize dust treatments such as DeltaDust in cracks and crevices as needed for outlets and windowsills for target pests.

#### B. Exterior/Perimeter Treatment

The Applicator will be responsible for treating a 2' foot perimeter band, or to the drip line, around the exterior of all buildings using a liquid residual treatment such as Demand CS. At no additional cost, Termidor must be applied annually or semi-annually as needed. With increased ant activity the contractor must install ant monitor stations with liquid or granular ant bait. Upon inspection the technician will document and report any trees and shrubs against the building structure in the service report as well as to the escorting supervisor. Where small rodent issues exist, the Applicator will install and maintain traps within 10' foot of the building structure.

#### IV. General

- A. Safety and Health. All work shall comply with applicable state and federal safety and health requirements. Where there is a conflict between applicable regulations, the most stringent will apply. The Contractor shall assume full responsibility and liability for compliance with all applicable regulations pertaining to the health and safety of personnel during the execution of work.
- B. One week prior to servicing the grounds, the successful bidder must schedule a debriefing meeting with Ellis Collins, Assistant Director of Housing and Residence Life. To schedule this meeting, please contact edcollins@jsu.edu.
- C. A site visit is mandatory prior to submitting a bid. A sample invoice and detailed service summary report is required when submitting a bid response. To schedule a site visit or if there are any questions concerning the bid specifications, please contact Ellis Collins, Assistant Director of Housing and Residence Life, at edcollins@jsu.edu. Questions concerning the bid process should be directed to Shasta Platt, Director of Procurement at splatt@jsu.edu.

# **Pricing**

# **Apartment complexes**

Listed below are the apartment complexes, the type of unit, and number of units per complex. Indicate price accordingly. We are asking for summer clean-out service for each apartment building and a separate monthly maintenance price to cover service calls.

Facility	Type of Units	Number of Units	Price Per Month
Campus Inn-13,486 sq. ft.	1 bedroom	35	\$
Campus Inn- 16,624 sq. ft.	Efficiency	50	
Colonial Arms- 20,632 sq. ft	1&2 bedroom	24	
College- 8,748 sq. ft.	1 bedroom	22	
Mountain Street Homes – 980 sq. ft each	2 bedrooms	42	
Pannell- 44,543 sq. ft.	Efficiency	78	
Penn House- 13,434 sq. ft.	1 bedroom	32	
TOTAL		283	

# Houses

The application to these houses should be the same application as the apartments. Listed below is the square footage of each house. Please indicate price per house.

Facility	Number of Rooms	Price Per Month
Kappa Sigma Fraternity House	16	\$
International House.	20	
Pi Kappa Phi Fraternity House	10	
Pi Kappa Alpha Fraternity House	10	

Skelton House	3	

# **Residence Halls**

Listed below are the university residence halls and number of rooms per hall. Please indicate price accordingly.

Facility	Number of Rooms	Price Per Month
Crow Hall- 37,889 sq. ft.	94	\$
Curtiss Hall- 45,620 sq. ft.	90	
Daugette Hall- 48,302 sq. ft.	75	
Dixon Hall- 40,256 sq. ft.	96	
Fitzpatrick Hall- 52, 725	114	
Logan Hall- 31,306 sq. ft.	61	
Meehan Hall- 4 bedroom- 208,301 sq. ft.	389	
North Village Hall – 2 bedroom – 123,458 sq. ft.	143	
Patterson Hall- 39,142 sq. ft.	57	
Sparkman Hall- 81,326 sq. ft.	204	
TOTAL	1,180	

# **Summer Treatment Schedule**

May 4 <sup>th</sup>
Meehan Hall
May 7 <sup>th</sup>
Sparkman Hall
May 11 <sup>th</sup>

North Village
May 14 <sup>th</sup>
Mountain Street/Goodlett Avenue
Colonial Arms Apartments
May 18 <sup>th</sup>
Jax Apartments
Campus Inn Apartments
May 21st
Curtiss Hall
Fitzpatrick Hall
May 28 <sup>th</sup>
Daugette Hall
June 1st
Logan Hall
Patterson Hall
June 4 <sup>th</sup>
Crow Hall
Dixon Hall
June 8 <sup>th</sup>
Pi Kappa Phi
Kappa Sigma
June 11 <sup>th</sup>
Pi Kappa Alpha
Penn House Apartments
Felli House Apartments

#### **Call Backs**

Price per unit or call for a specific pest control application for requested call back service.

	Cost
Per Call	\$
Per Unit	\$

# **Summary of Documents to be submitted with bid:**

- 1. State of Alabama Disclosure Statement
- 2. E Verify Memorandum of Understanding
- 3. Client List
- 4. References
- 5. Certificate of Insurance
- 6. State of Alabama Business License (or proof of qualification to do business in the State of Alabama)
- 7. Household Pest Control License (and for termite treatment at least one employee must have a WDO (wood destroying organism) certification
- 8. A sample invoice and detailed service summary report

A vendor cannot be awarded the bid without	t these documents	being submitted	to the Office of
Procurement.			

Bid Price	\$
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#### **Bid Submission Instructions**

One (1) original and one (1) copy of all documents must be submitted. Sealed bid packets must be received by 3:00 PM CST on Monday, October 27, 2025. The bid number, opening date and time must be listed on the outer envelope. It is the responsibility of the respondent to ensure that the bid packet arrives in the Procurement and Fixed Assets office on time. To ensure timely receipt, the bid packet should be hand delivered or sent by commercial carrier to:

Jacksonville State University Attn: Shasta Platt Procurement and Fixed Assets 700 Pelham Rd N 324 Angle Hall Jacksonville, AL 36265

#### **CONSIDERATION OF PROPOSALS**

All proposals must be complete and convey all of the information requested. If the proposal fails to conform to the essential requirements of this ITB, JSU alone will determine whether it is a candidate for further consideration.

Proposals will be reviewed in consideration to the following selection criteria factors in determining to whom to award a contract:

- 1. The contract price.
- 2. The reputation of the vendor and of the vendor's services
- 3. The quality of the vendor's services
- 4. The extent to which the services meet the University's needs
- 5. The vendor's past relationship with the University
- 6. The total long-term cost to the University to retain the vendor's services
- 7. Any other relevant factor provided in response to the request contained herein

#### **TERMS**

The contract or agreement associated with this ITB will be for a term of one (1) year with options to renew annually for four (4) additional one-year terms upon mutual agreement by JSU and the awarded vendor. A price increase not to exceed 5% per year will be acceptable. The successful vendor or the University may cancel the contract or agreement by written notification with a 30-day notice. The vendor may not assign the contract associated with this ITB without prior written consent from the University.

Any violation of the contract or agreement shall constitute a breach and default of this agreement. Upon such breach, Jacksonville State University will have the right to immediately terminate the contract and withhold further payments. Such termination will not relieve the Provider of any liability to Jacksonville State University for damages sustained by virtue of a breach by the provider.

The State of Alabama Competitive Bid Law requires a performance bond (or cashier's check) for any contract that includes services. A \$1,000 bond or cashier's check will be required from the awarded vendor prior to a purchase order being issued. The bond funds will be returned to the vendor upon notification of the successful completion of the contract.

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# CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (Ala. Code § 31-13-1)

RE: Contract/Grant/Incentive (describe by number or by and between	subject): ("Contracting Party") and
Jacksonville State University.	( Contracting Fairty ) and
The undersigned herby certifies to Jacksonville State University	ersity as follows:
The undersigned holds the position ofnamed above and is authorized to provide representation act of that entity and has knowledge of the provisions of Alabama Taxpayer and Citizen Protection Act ("Act").	•
The Contracting Party is a business entity or employer as (5).	those terms are defined in Ala. Code §31-13-3(2) and
By signing this certification, the Contracting Party certification and unauthorized alien within the State of Alabama. A contraction shall be deemed in breach of the responsible for all damages resulting therefrom The Contracting Party certifies that it is enrolled in E-Verfor the duration of the contract/agreement.	ly employ, hire for employment, or continue to employ contracting party found to be in violation of agreement referenced above and shall be
Contracting Party Name (Printed)	
E-Verify User Identification Number	
By: Authorized Officer or Agent of Contracting Party (Sig	gnature)
Title of Authorized Officer or Agent of Contracting Party	
Printed Name of Authorized Officer or Agent of Contract	ing Party

#### Vendor Disclosure Statement Information and Instructions

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000. The disclosure statement is not required for contracts for gas, water, and electric services where no competition exits, or where rates are fixed by law or ordinance. In circumstances where a contract is awarded by competitive bid, the disclosure statement shall be required only from the person receiving the contract and shall be submitted within ten (10) days of the award.

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

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

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

#### Definitions as Provided in Act 2001-955

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

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

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

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

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

Section 36-25-1(23), Code of Alabama 1975, defines a public employee as any person employed at the state, county or municipal level of government or their instrumentalities, including governmental corporations and authorities, but excluding employees of hospitals or other health care corporations including contract employees of those hospitals or other health care corporations, who is paid in whole or in part from state, county, or municipal funds. For purposes of this chapter, a public employee does not include a person employed on a part-time basis whose employment is limited to providing professional services other than lobbying, the compensation for which constitutes less than 50 percent of the part-time employee's income.

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

#### Instructions

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

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



# State of Alabama

# **Disclosure Statement**

(Required by Act 2001-955)

ADDRESS		
CITY, STATE, ZIP	TELEPHONE NUMBER	
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SE	ERVICES, OR IS RESPONSIBLE FOR GRANT AWARD	
ADDRESS		
CITY, STATE, ZIP	TELEPHONE NUMBER	
This form is provided with:  Contract Proposal Re	equest for Proposal Invitation to Bid Grant Proposal	
	or any related business units previously performed work or provided goods to a al year?	ny State
Agency/Department in the current or last fiscal Yes No No No If yes, identify below the State Agency/Depart vided, and the amount received for the provisi	tment that received the goods or services, the type(s) of goods or services previous provides and the goods or services.  TYPE OF GOODS/SERVICES  AMOUNT RECEIVED	usly pro
Yes No  If yes, identify below the State Agency/Departvided, and the amount received for the provisi  STATE AGENCY/DEPARTMENT  Have you or any of your partners, divisions, of Agency/Department in the current or last fiscal	or any related business units previously applied and received any grants from a	ny State
Yes No  If yes, identify below the State Agency/Departvided, and the amount received for the provisi  STATE AGENCY/DEPARTMENT  Have you or any of your partners, divisions, of Agency/Department in the current or last fiscal	or any related business units previously applied and received any grants from a all year?	ny State
Yes No  If yes, identify below the State Agency/Departvided, and the amount received for the provisi  STATE AGENCY/DEPARTMENT  Have you or any of your partners, divisions, of Agency/Department in the current or last fiscal Yes No  If yes, identify the State Agency/Department to STATE AGENCY/DEPARTMENT  1. List below the name(s) and address(es) of a any of your employees have a family relation	or any related business units previously applied and received any grants from a all year?	grant.

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 PUBLIC OFFICIAL/
FAMILY MEMBER

ADDRESS

NAME OF PUBLIC OFFICIAL/
PUBLIC EMPLOYEE

AGENCY WHERE EMPLOYED

	nd/or two above, describe in detail below the dire mily members as the result of the contract, prop f necessary.)	
	cial benefits to be gained by any public official, p sult of the contract, proposal, request for propos	
List below the name(s) and address(es) of posal, invitation to bid, or grant proposal:	f all paid consultants and/or lobbyists utilized to	obtain the contract, proposal, request for pro-
NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS	
to the best of my knowledge. I further u	nd penalty of perjury that all statements on o inderstand that a civil penalty of ten percent ( wingly providing incorrect or misleading info	(10%) of the amount of the transaction, not
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.

# CERTIFICATE OF COMPLIANCE WITH ALA. CODE 41-16-5

RE: C		(describe by number or subject), by and between Jacksonville					
State I	University and	_("Contracting Party")					
The un	The undersigned hereby certifies and agrees as follows:						
1.	The undersigned holds the position of with the Contracting Party named above, is authorized to provide the verification as the official and binding act of that entity and has knowledge of Ala. Code § 41-16-5.						
2.	The Contracting Party is a corporation, partnership, limited liability company, organization or other legal entity conducting or operating any trade or business in Alabama OR is a corporation, organization, or other legal entity operating in Alabama that is exempt from taxation under Section $501(c)(3)$ or $(4)$ of the Internal Revenue Code.						
3.	The Contracting Party represents that it is not currently engaged in, and will not engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade. Boycott is defined as "to blacklist, divest from, or otherwise refuse to deal with a person or business entity when the action is based on race, color, religion, gender, or national origin of the targeted person or entity or is based on the fact that the boycotted person or entity is doing business in a jurisdiction with which this state can enjoy open trade and with which the targeted person or entity is doing business."						
Verifie	ed thisday of	, 20					
Signat	ure of Contractor's Authorized Repr	resentative					
Printed	l Name and Title of Contractor's Au	nthorized Representative					

Form W-9
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

	2	2 Business name/disregarded entity name, if different from above.										
n page 3.							4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
s or		LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)					Exempt payee code (if any)					
Print or type. See Specific Instructions on page		Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the box for the tax classification of its owner.		iate	Exem	nption frontion frontion (if any)	om Fo	oreign A	ccour			
Pri	_	Other (see instructions)		_		(ii diriy)						
Specific	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax class and you are providing this form to a partnership, trust, or estate in which you have an ownership interest this box if you have any foreign partners, owners, or beneficiaries. See instructions				oplies to outside				ed		
See	5	Address (number, street, and apt. or suite no.). See instructions.	uester's r	name	and ad	dress (o	ption	al)				
	6	City, state, and ZIP code										
	7	List account number(s) here (optional)										
Par	t I	Taxpayer Identification Number (TIN)										
Enter	VOLI	TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Soc	ial se	ecurity	number						
backu reside	p w	thholding. For individuals, this is generally your social security number (SSN). However, for a lien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>					_					
TIN, la		is you employed identification frames (ciry, if you do not have a number, see now to get a	or							_		
N-4	16 41-	a constitution in many than any agent and the instructions for line 1. Con also M/but Mores and	Em	ploye	er identi	fication	num	ber	_	4		
		e account is in more than one name, see the instructions for line 1. See also What Name and of Give the Requester for guidelines on whose number to enter.			-							
Par	t II	Certification										
Under	per	nalties of perjury, I certify that:										
1. The	nur	nber shown on this form is my correct taxpayer identification number (or I am waiting for a num	nber to	be is	ssued t	o me);	and					
Ser	vice	t subject to backup withholding because (a) I am exempt from backup withholding, or (b) I hav (IRS) that I am subject to backup withholding as a result of a failure to report all interest or div er subject to backup withholding; and										
3. I an	nal	J.S. citizen or other U.S. person (defined below); and										
4. The	FA	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is o	correct.									
		on instructions. You must cross out item 2 above if you have been notified by the IRS that you ar										
		ou have failed to report all interest and dividends on your tax return. For real estate transactions, it										
		or abandonment of secured property, cancellation of debt, contributions to an individual retireme interest and dividends, you are not required to sign the certification, but you must provide your co										
Sign	_	Signature of										
- 3		oigniture of										

#### **General Instructions**

U.S. person

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### What's New

Here

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Cat. No. 10231X Form **W-9** (Rev. 3-2024)

# **CERTIFICATE OF COMPLIANCE WITH ALA. CODE 41-16-160**

RE: Contract University and		ntract ity and	(describe by number or subject), by and between Jacksonville State("Contracting Party")
Th	e und	lersigned hereby certifies ar	nd agrees as follows:
1.	The to p	undersigned holds the posit rovide the verification as the	with the Contracting Party named above, is authorized official and binding act of that entity and has knowledge of Ala. Code § 41-16-160.
2.			r-profit entity, organization, association, corporation, partnership, joint venture, limited nership, or limited liability company with 10 or more full-time employees.
3.	enga to d inflic	age in economic boycotts. Veal with, terminate business	violating controlling law or regulation, does not and will not, during the term of the contract, Nithout an ordinary business purpose, the Contracting Party does not and will not refuse is activities with, or otherwise take any commercial action that is intended to penalize or pany solely because the company, without violating controlling law or regulation, does any
	a)	Engages in the exploration timber, mining, or agricult	n, production, utilization, transportation, sale, or manufacturing of fossil fuel-based energy, ure.
	b)		r supports the manufacture, import, distribution, marketing or advertising, sale, or lawful on, or component parts and accessories of firearms or ammunition.
	c)	•	ected to meet, or does not commit to meet environmental standards or disclosure criteria, reduce, offset, or disclose greenhouse gas emissions.
	d)	Does not meet, is not exp compensation, or disclosi	pected to meet, or does not commit to meet corporate employment or board composition, ure criteria.
	e)		expected to facilitate, or does not commit to facilitate access to abortion or sex or gender ons, treatment, or therapies.
	Ve	erified thisday o	f, 20
			Signature of Contracting Party's Authorized Representative
			Printed Name and Title of Contracting Party's Authorized Representative