

Dear Vendor,

Thank you for your interest in becoming a vendor of Athens State University. To become a vendor of Athens State University, please complete the forms listed below. The forms may be submitted by mail, email, or fax.

1. **Athens State University Substitute W-9 (required)**
2. **ACH Authorization Form (Optional – MAIL ONLY)**
3. **Data/Information Protection and Confidentiality Vendor Agreement (if applicable)**
4. **State of Alabama Disclosure Statement (if applicable)**

Along with the above documents, the Vendor must meet the following requirements:

- The Vendor nor a direct family member has a conflict of interest with the University.
- The Vendor will receive a purchase order before placing an order or providing services.
- The Vendor will reference the purchase order on the invoice.
- The Vendor will be subject to the [Information Security Program](#) policy if provided access to sensitive information on behalf of Athens State University.
- The Vendor will submit a current State of Alabama Disclosure Statement for proposals, bids, and contracts over \$5,000, per the Vendor Disclosure Act of 2001-955.

Athens State University, an agency of the State of Alabama, will not make the following payments:

- Prepayment of the purchase of goods and services
- Payment of sales tax
- Payment of late charges, penalties, and finance charges

Athens State University shall not enter into any contract or appropriate any public funds with any vendor who refuses to provide information as required. The Vendor must follow all the necessary procedures to ensure timely payment. Athens State University will not release payment until the Vendor submits all required documents. Payment terms are Net 30 days (unless otherwise agreed upon or negotiated). Any future invoices can be either emailed, faxed, or mailed.

Fax
256-216-3314

Mail
Athens State University
Attn: Accounts Payable
300 North Beaty Street
Athens, AL 35620

Email
purchasing@athens.edu

Regards,

The Office of Financial Affairs

Substitute W-9

Request for Taxpayer Identification Number and Certification

 Give Form to the
 Athens State University.
 Do not send to the IRS.

Part I: Taxpayer Information

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank

2. Business name/disregarded entity name, if different from above

 3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. *(Check only one)*

Individual/sole proprietors	C Corporation	S Corporation	Partnership	Trust/Estate
LLC Single Member	LLC C Corporation	LLC S Corporation	LLC Partnership	
Other _____				

4. Exemptions (codes apply only to certain entities, not individuals)

Exempt code (if any) _____ Exemption from FATCA reporting code (if any) _____

5. Legal Address (number, street, and apt. or suite no.)

 City, state, and ZIP code

6. Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding.

 Social security number _____ **Or** Employer identification number _____

Part II: Remittance Information

1. Accounts Receivable Contact Person _____

2. Accounts Receivable Email Address _____

3. Accounts Receivable Phone Number _____

4. Accounts Receivable Fax Number _____

5. Purchase Order Address (if different from legal address.)

6. Remittance Address (if different from legal address)

Part III: Entity Type (Attach Certification)

Business Type: Disadvantaged-Owed Minority-Owned Veteran-Owned Woman-Owned Small Business

Part IV: 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); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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.

Sign Here ► Signature of U.S. Person

Date

ACH Authorization Form Vendor/Miscellaneous		
Part I: Authorization Type		
NEW ACH	CHANGE ACH	CANCEL ACH
Part II: Payee/Company Information		
1. Payee/Company Name _____		
2. Enter your TIN associated with the Payee/Company Name _____		
3. TIN Type	SSN (enrolling as an individual)	EIN (enrolling as a business, organization, etc.)
4. Contact Name: _____		
5. Phone Number: _____		
Part III: Bank Information		
1. Bank Name: _____		
2. Routing Number: _____		
3. Name on Account: _____		
4. Account Number _____		
5. Account Type: Checking Savings		
Part IV: Remittance Information		
I authorize Athens State University to send payment detail information to the following email address:		
1. E-mail Address: _____		
Part V: Authorization		
I certify that the information provided on this form is correct, and I do hereby authorize Athens State University to initiate electronic credit entries for the purpose of making vendor/miscellaneous payments to my bank account, and if necessary, debit entries and adjustments for any credit entries in error on my account. I understand that I must notify Athens State University in writing immediately of any changes in status or banking information. Failure to notify Athens State University of any changes in status or banking information will cause a delay in payment. I understand that this authorization will remain in full force and effect until Athens State University has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it.		
Sign Here ►		
_____	_____	_____
<i>Signature of Authorized Official</i>	<i>Title</i>	<i>Date</i>

Retain a copy for your records

Mail completed form to:
Athens State University
Attn: Accounts Payable
300 North Beaty Street
Athens, AL 35620

Athens State University
Data/Information Protection and Confidentiality
Vendor Agreement
(When Applicable)

Pursuant to the *Information Security Program* policy, third-party vendors that have access to sensitive information on behalf of Athens State University must be assessed for their security practices and compliance with GLBA requirements prior to engaging services. The University will take reasonable steps to select and retain service providers that are capable of maintaining appropriate safeguards for information and require the service provider, by contract, to implement and maintain such safeguards.

Each applicable vendor/contractor contributes to this effort by continuously reviewing and practicing the following:

1. **Maintain the safe keeping of all assigned accounts and password credentials** to university computer systems used by applicable vendors/contractors. Assigned accounts are to only be used in the performance of duties.
2. **Comply with all rules and controls** established for the use of digital and paper records maintained on or in conjunction with all information systems.
3. **Practice safe computing at all times.** Think before you click, be aware of the latest online threats; do not respond to e-mail requests for personal information about yourself or others; verify that websites are legitimate and secure, and use complex passwords for all accounts.
4. **Avoid disclosure of personal and confidential information** to unauthorized persons in accordance with the federal Family Educational Rights and Privacy Act. <https://www.athens.edu/org/pdfs/policies/Operating/Academics/Privacy-of-Student-Records-FERPA.pdf>
5. **Exercise care to protect personal and confidential information** against accidental or unauthorized access, modifications, disclosures, or destruction. Ensure sensitive and confidential information is kept private and managed only by those individuals authorized to have access to it.
6. **Notify the University immediately if system security is compromised or a data breach has occurred,** whether inadvertent or intentional, that allows an unauthorized release of university data/information to internal or external parties.
7. **Understand that undisclosed violations of this policy can cause serious harm to individuals and the university.** The open and honest reporting of violations is essential to improve processes and share knowledge about preserving the confidentiality, integrity, and access to data and systems.

As an applicable vendor/contractor of Athens State University, I acknowledge that I have read, understood, and will follow the requirements of this agreement and all referenced university policies. I understand that I should ask questions and raise concerns about anything I observe that could impact the integrity, confidentiality, and access to university data and information during the contractual agreement. I further understand and agree that if I violate or do not follow the above requirements, that the same shall be treated as a breach of my contract and/or the terms of my vendor relationship with the university, which will permit the university to limit or remove my access to university data/information, to suspend or terminate my contract and/or vendor relationship, or to obtain such other remedies as are permitted by law.

Name: _____

Company/Contractor Name: _____

Signature: _____

Date: _____



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

()

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

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

()

This form is provided with:

- Contract
 Proposal
 Request for Proposal
 Invitation to Bid
 Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

- Yes
 No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

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

Signature _____ Date _____

Notary's Signature _____ Date _____ Date Notary Expires _____

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.