State of Alabama
Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM	Quantum Technologies, Inc
ADDRESS	991 Discovery Drive
CITY, STATE, ZIP	Huntsville, AL 35806
TELEPHONE NUMBER	(256) 971-1800
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD	Joint Purchase Agreement Initiative, Alabama Department of Postsecondary Education
ADDRESS	135 South Union Street, Suite 520
CITY, STATE, ZIP	Montgomery, AL 36104
TELEPHONE NUMBER	(334) 293-4540

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
See attached		

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.

D Frank Lafe — 12-15-09

Signature — Date

Jana Cooper — 12-15-09 — My Commission Expires 3/10/2010

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.

Quantum Technologies, Inc.
Disclosure Statement for Calhoun Community College

State Jobs/School Jobs	Type of Goods/Services		Total
4th Zone SW Soccer Complex, City of Decatur	A/V	$	5,480.81
Academy for Academics and Arts	A/V	$	2,052.00
Bidgood Hall, University of AL	A/V	$	77,916.64
Chapman Elementary School	A/V	$	5,875.00
City of Scottsboro	A/V	$	33,070.52
Decatur High School Baseball Field	A/V	$	6,000.88
Dora High School/Walker Co. Board of Edu.	A/V	$	2,035.00
Fairhope High School	A/V	$	6,750.00
Ft. Payne City School	A/V	$	26,509.00
Highland Rim Elementary School	A/V	$	919.80
Horizon Elementary School	A/V	$	1,813.63
Huntsville Housing Authority	A/V	$	50,603.41
Lee High School	A/V	$	3,166.00
Madison County Board of Education/Supervisors	A/V	$	11,513.86
Mountain Gap Elementary	A/V	$	65.85
Pepperell Elementary School	A/V	$	2,841.00
Northwest Shoals Community College	A/V	$	46,067.18
Sparkman High School	A/V	$	28,570.00
University of Alabama	A/V	$	45,458.51
University of Alabama in Huntsville	A/V	$	13,100.00
University Of North AL	A/V	$	9,769.02