

Form #11 – E-VERIFY AFFIDAVIT

See instructions in Statement of Need, Section D.

Scan, save as a pdf and identify as "son#####_EVerify".

Retain original. In the event that proposal is funded, original form will be needed for contract.

Agency Name*:		SoN #	
Program Name:		Program ID#	

**Legal name of agency/organization/institution as it appears on Application Cover- Form #1*

SECURITY AND IMMIGRATION COMPLIANCE AFFIDAVIT Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the **Georgia Department of Human Services** has registered with, is authorized to use and uses the Federal Work Authorization Program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

(This is a 4, 5, or 6 digit number, also known as eVerify Company ID. Not Tax ID or SS Number)

Date of Authorization

(This is the date the Company ID was issued by the Federal eVerify system.)

Name of Contractor

Promoting Safe & Stable Families Program

Name of Project

Georgia Department of Human Services

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 2017 in _____, GA.

Date

City

Signature of Authorized Officer

Printed Name of Authorized Officer

Printed Title of Authorized Officer

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 2017.

Signature of Notary Public

Date Commission Expires