

IMMIGRATION AFFIDAVIT AND AGREEMENT

SFSP Sponsor/CACFP Institution Name:

Agreement #:

Name of Public Employer: Georgia Department of Early Care And Learning

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 <u>Georgia Department of Early Care and Learning</u> 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 | Company | User] | Identificati | on Num | ber |
|----------|--------------------|---------|--------|--------------|--------|-----|
| (not use | er log in ID) | | | | | |

Date of Authorization

Name of Contractor (Principal and/or Program Contact)

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

| Printed Name (Principal and/or Program Contact) | Title | | | |
|---|---------------|------|--|--|
| Signature (Principal and/or Program Contact) | Date Signed | | | |
| Executed on,, 20 in(city), | (state). | | | |
| SUBSCRIBED AND SWORN BEFORE ME ON THIS THE | DAY OF | , 20 | | |
| NOTARY PUBLIC | [NOTARY SEAL] | | | |
| My Commission Expires: | | | | |