## FAYETTE COUNTY PUBLIC SCHOOLS - PURCHASING DEPARTMENT GEORGIA SECURITY & IMMIGRATION COMPLIANCE ACT FORM

GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT OF 2006, AS AMENDED BY THE ILLEGAL IMMIGRATION REFORM ACT OF 2011, OCGA 13-10-90, ET SEQ.

#### TO ALL PROSPECTIVE CONTRACTORS:

If you are providing services to Fayette County Public Schools, this completed document, as well as the applicable Georgia Security and Immigration Compliance forms and affidavits referenced herein must be completed, signed, notarized and submitted with your bid, proposal or contract.

Fayette County Public Schools shall comply with the Georgia Security and Immigration Compliance Act, as amended, O.C.G.A.,~13-10-90 et seq. In order to ensure compliance with the Immigration Reform and Control Act of 1986 (IRCA,P.L.99-603 and the Georgia Security and Immigration Compliance Act of 2006, as amended by the Illegal Immigration Reform Act of 2011,O.C.G.A ~ 13-10-90 et seq. (collectively the "Act") the contractor ("Contractor") **MUST INITIAL** the statement applicable to Contractor below:

#### **INITIAL ONLY ONE CHOICE BELOW**

[Initial here] Contractor represents and warrants that Contractor has registered at https://e-verify.uscis.gov/enroll/ to verify information of all new employees in order to comply with the Act; Is authorized to use and uses the federal authorization program; and will continue to use the authorization program throughout the contract period. Contractor further represents warrants and agrees that it shall execute and return any and all affidavits required by the Act and the rules and regulations issued by the Georgia Department of Labor as set forth at Rule 300-10-1-01 et.seq. In accordance with the terms thereof; (Complete and submit the Contractor Affidavit and Agreement); <b>OR</b>
(Initial here) Contractor represents and warrants that it has no employees and does not ntend to hire employees to perform contractual services, and that Contractor has therefore provided a U.S. state-issued Driver's license or ID card in lieu of an affidavit and that such icense or ID card was issued by a State that verifies lawful Immigration status before issuing the license or ID card. If my status changes I will, before hiring any employees, immediately notify the School District in writing and provide all affidavits required under the Act; <b>OR</b>
(Initial here) Contractor represents and warrants that it does not physically perform any service within the State of Georgia as defined in the Act and thus does not have to comply with foregoing Georgia law; <b>OR</b>
(Initial here) Contractor is a foreign company and therefore not required to provide the affidavit as required by the Act. The Contractor must comply with any other laws required to perform services in the United States, including but not limited to having an appropriate visa.

### USE OF SUBCONTRACTOR(S) and COMPLIANCE AS ABOVE

(Initial here) Contractor will not employ or contract with any subcontractor in connection with a covered contract unless the subcontractor is registered, Is authorized to use, and uses the Federal Work Authorization Program and provides Contractor with all affidavits required by the Act and the rules and regulations issued by the Georgia Department of labor as set forth at Rule 300-10-01 et seq.
(Initial here) Contractor covenants and agrees that, if Contractor employs or contracts with any Subcontractor in connection with the covered contract under the Act and DOL Rule 300-10-1-02, then in such event Contractor will secure from each subcontractor at the time of the subcontract, the subcontractor's name and address, the employer identification number/taxpayer identification number applicable to the subcontractor; the date the authorization to use the Federal Work Authorization Program was granted to subcontractor; the subcontractor's attestation of the subcontractor's compliance with the Act and Georgia Department of Labor Rule 300-10-12.; and the subcontractor's agreement not to contract with subcontractors unless the subcontractor is registered, authorized to use, and uses the Federal Work Authorization Program; and provides subcontractor with all affidavits required by the Act and the rules and regulations issued by the Georgia Department of Labor as set forth a Rule 300-10-1-01 et seq. (Complete and submit the Subcontractor Affidavit and Agreement)  ——(Initial here) Contractor agrees to provide Fayette County Public Schools with all affidavits of compliance as required by the Act and Georgia Department of Labor Rule 300-10-1-02, 300-10-1-03, 300-10-1-07 and 300-10-1-08 within five (5) business days of its receipt of any such documents.
Company Name:
SIGNATURE:
DATE:

### FAYETTE COUNTY PUBLIC SCHOOLS - PURCHASING DEPARTMENT CONTRACTOR AFFIDAVIT PROVIDED PURSUANT TO O.C.G.A. § 13-10-91(b)(2)

(Rev. 4/18/2019)

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 under a contract with Fayette County Public Schools, 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 covenants that it will continue to use the federal work authorization program throughout the contract period, that the undersigned contractor will contract for the physical performance of services in the performance 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), and that the contractor shall forward any subcontractor's affidavit to the School District within five (5) days of its receipt of the same.

Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

<b>EEV User Identification Number</b> (4 to 6 Digit Number)				
Date of Authorization				
Contractor/Company				
Email Address				
Telephone Number				
Name of Project				
Project Number				
Name of Public Employer				
I hereby declare under penalty of perju	ry that the foregoi	ng is true and cor	rect.	
Executed on, 20	0 in		(city),	(state).
Signature of Authorized Officer or Ager	nt			
Printed Name of Authorized Officer or	Agent Tit	le of Authorized C	Officer or Agent	
NOTARY INFORMATION				
Sworn to before me this day of		0	Affix Notarial Sea	l Here
Notary Public Signature				
restary i abilo digriatare				
My Commission Expires:		_		

# FAYETTE COUNTY PUBLIC SCHOOLS - PURCHASING DEPARTMENT SUBCONTRACTOR AFFIDAVIT PURSUANT TO O.C.G.A. § 13-10-91(b)(3)

(Rev. 4/18/2019)

By executing this affidavit, the undersigne affirmatively that the individual, firm or corcontract with, which authorized to use and uses the federal wo replacement program, in accordance with 13-10-91. Furthermore, the undersigned suthorization program throughout the conphysical performance of services in the period of the subcontractor with the info shall forward any sub-subcontractors afficient the same.	poration which is engaged in the has a contract with Fayette Cour rk authorization program commor the applicable provisions and deasubcontractor covenants that it witract period, that the undersigned erformance of such contract only or rmation required by O.C.G.A. § 13	physical performance of service ty Public Schools, has registered by known as E-Verify, or any subadlines established in O.C.G.A. all continue to use the federal was subcontractor will contract for with sub-subcontractors who pig-10-91(b), and that the subcontractors	es under a ed with, is bsequent § ork the resent an tractor
Subcontractor hereby attests that its federare as follows:	ral work authorization user identifi	cation number and date of auth	orization
<b>EEV User Identification Number</b> (4 to 6 Digit Number)			_
Date of Authorization			_
Subcontractor/Company			_
Email Address			_
Telephone Number			_
Name of Project			_
<b>Project Number</b>			_
Name of Public Employer			_
I hereby declare under penalty of perjury t	hat the foregoing is true and corre	ect.	
Executed on, 20	_ in	(city),	_(state).
Signature of Authorized Officer or Agent			
Printed Name of Authorized Officer or Age	ent Title of Author	orized Officer or Agent	_
NOTARY INFORMATION		Affix Notarial Seal Her	e
Sworn to before me this day of	, 20		
Notary Public Signature			
My Commission Expires:			