REQUIRED CONTRACTUAL DOCUMENTATION

CONTRACTUAL AND STANDARD PROGRAM ASSURANCES

The applicant/provider assures the following general conditions will be met as a requirement for entering a contract with the Area Agency on Aging for aging services:

1. Assures compliance with Older Americans Act, Social Services Block Grant, Community Care Services Program, and other funding sources as well as all federal, state laws, standards, policies and procedures. Also assures the compliance with Area Agency on Aging Administrative and Program requirements regarding administration and delivery of aging services.

2. Assures the provision of training for staff and volunteers as needed and/or required.

3. Assures the priorities established by the Area Agency on Aging for serving older persons with greatest economic or social need are met.

4. Assures the establishment of an opportunity for recipients of services the opportunity to voluntarily contribute toward Older Americans Act services provided. Documentation of program income must be kept on file and reported monthly to Area Agency on Aging.

5. Assures that aging services will not be denied to any older person because they cannot or will not contribute toward the cost of the service for Title III services.

6. Assures that funds received through voluntary contributions from program participants will not be used to replace funds from other non-federal sources, but will be used to maintain or expand the services for which the contributions were made.

7. Assures support from private or public sources to expand services funded through the Area Agency on Aging.

8. Assures that criminal record checks are performed for all employees who have direct contact with program participants.

9. Assures that it will supply an annual audit in accordance with the provisions of the 1359 Audit Law. Copies of all reports resulting from said audits shall be furnished to the Area Agency on Aging no later than 180 days after the fiscal year ends as detailed in the current contract.

10. Assures records relating to the aging programs are kept on file for at least six (6) years after the end of the contract period or until such time as any claims resulting from appeals,
grievances or litigation are resolved.

11. Assures that all services provided under this program would meet current state and local licensure, safety and insurance requirements for the provision of services.

12. Assures contracts for subcontracted services are submitted to Area Agency on Aging for review and approval prior to service delivery beginning.

13. Assures written personnel policies affecting agency staff have been developed, including, but not limited to, written job descriptions for each position; evaluations of job performance; annual leave; sick leave; holiday schedules; normal working hours; and compensatory time. Personnel policies and hiring policies are in compliance with federal and state laws regarding employment and payroll practices.

14. Assures written client grievance and personnel grievance procedures have been developed and posted and distributed to clients and personnel.

15. Assures applicant has policies and procedures which safeguard client confidentiality including, prohibiting the release of any client's name; medical records or conditions; or other identifying information to any persons outside the agency without first obtaining the expressed consent of the client. The agency shall also require all subcontracting agencies performing services to adhere to similar policy concerning client confidentiality.

16. Assures coordination with other aging programs and services in the community.

17. Assures effective financial management of funds allocated to the aging programs through the use of the Uniform Cost Methodology. Assure compliance with existing regulations and all relevant and current circulars from the Federal Office of Management and Budget for determination and allowability of costs in connection with federal/state contracts and grants.

18. Assures the accurate and timely reporting of programmatic and financial information to the Area Agency on Aging, state and federal government as required.

19. Assures a method is implemented to obtain client feedback on services provided to maintain quality of programs.

20. Assures access to all program and agency records by the Area Agency on Aging, DHR Division of Aging Services and other federal or state auditors as needed, requested or required.

21. Assures cooperation in the use of any facility, equipment or resources owned or operated by DHR which may be required in the event of a declared emergency or disaster.
I HAVE REVIEWED, UNDERSTAND AND AGREE TO ABIDE BY ALL CONDITIONS AS STATED.

_________________________________________  Name of Contractor

_________________________________________  Signature of Legally Authorized Person

Date  Title
ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

THE CONTRACTOR HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964, as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI and that Act and the Regulation, no person in the United States shall, on the ground of political affiliation, religion, race, color, sex, handicap, age, or national origin, be excluded from participation in, be denied the benefits of or be otherwise subjected to discrimination under any program or activity financed in whole or in part by federal funds, which the CONTRACTOR provides or participates directly through a contractual or other arrangement.

The CONTRACTOR agrees to make no distinction on the ground of political affiliation, religion, race, color, sex, handicap, age, or national origin with respect to admission policy or procedure or in the provision of any aid, care, service or other benefits to individuals admitted or seeking admission to the CONTRACTOR.

This assurance is given in consideration of and for the purpose of receiving any and all payments from state agencies receiving federal grants. The CONTRACTOR recognizes and agrees that state agency financial payments will be extended in reliance on the presentations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the CONTRACTOR, its successors, transferees, and assignees, and the persons whose signatures appear below are authorized sign this assurance on behalf of the CONTRACTOR.

__________________________  _____________________________
Date                  Name of Contractor

__________________________  _____________________________
Title                  Signature of Legally Authorized Person
ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE
REHABILITATION ACT OF 1973, AS AMENDED, AND AMERICANS
WITH DISABILITIES ACT OF 1990

The CONTRACTOR HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, and Americans with Disabilities Act of 1990, as amended, and all requirements imposed by the applicable DHHS regulation (45 CFR Part 84) and all guidelines and interpretations issued pursuant thereto.

Pursuant to sub-section 84.5(a) of the regulation (45 CFR 84.5(a)), the CONTRACTOR gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The CONTRACTOR recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the CONTRACTOR, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obliges the recipient for the period during which federal financial assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real property, for the period provided for in sub-section 84.5(b) of the regulation (45 CFR 84.5(b)).

The CONTRACTOR: (Check (a) or (b))
A. ( ) Employs fewer than fifteen (15) persons;
B. ( ) Employs fifteen (15) or more persons and, pursuant to sub-section 84.7(a) of the regulation (45 CFR 84.7(a)), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation:

<table>
<thead>
<tr>
<th>Typed Name of Designee(s)</th>
<th>Typed Name of CONTRACTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>(IRS) Employer Identification #</td>
<td>City</td>
</tr>
<tr>
<td>(Area Code) Telephone #</td>
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</tr>
</tbody>
</table>
I certify that the above information is complete and correct to the best of my knowledge.

______________                     _____________________________
Date                                Name of Contractor

Signature of Legally Authorized Person

Title
GENERAL FINANCIAL REQUIREMENTS AND ASSURANCES

1. The Area Agency on Aging shall have the right to suspend/withhold payment if conditions of the contract are not met.

2. The Area Agency on Aging shall not be liable for non-payment or late payment for services rendered if aging funds are not available or have not been received from the Georgia Division of Aging or Federal Administration on Aging.

3. The Area Agency on Aging shall base all payments to contractors upon unit costs developed utilizing the Uniform Cost Methodology except in those cases where services have been exempted by the DHR Division of Aging Services.

4. Required monthly program reports must be submitted on the 5th business day following the end of the month of service. The financial reports must be submitted by the end of business on the 5th following the end of the month of service. Failure to submit reports by this date can jeopardize timely reimbursement.

5. I understand federal, state, and program income are restricted funds and must be spent during this fiscal year. Minimum required match is the minimum non-federal funds necessary to earn the federal and state funds for the program.

6. I understand program income is the funds voluntarily donated by the participants of the program to increase or maintain services. Included in the budget is an estimate of the funds to be collected during this next fiscal year. It is based on past history of such collections of program income from participants of the program.

7. I understand this proposed budget is for the aging program beginning July 1, 2020 and ending June 30, 2025. I understand that I will provide no less than 250 days of service per year for the nutrition program. All other services will be available no less than 250 days per year and will be based on client or caregiver needs and/or care plans.

I HAVE REVIEWED, UNDERSTAND AND AGREE TO ABIDE BY THE FINANCIAL CONDITIONS AS STATED.

_____________________________    ____________________________
Date         Signature
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

By

Date
(Signature of Official Authorized to Sign)
**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

<table>
<thead>
<tr>
<th>1. Type of Federal Action:</th>
<th>2. Status of Federal Action:</th>
<th>3. Report Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. contract</td>
<td>a. bid/offer/application</td>
<td>a. initial filing</td>
</tr>
<tr>
<td>b. grant</td>
<td>b. initial award</td>
<td>b. material change</td>
</tr>
<tr>
<td>c. cooperative agreement</td>
<td>c. post-award</td>
<td></td>
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<tr>
<td>d. loan</td>
<td></td>
<td></td>
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<tr>
<td>e. loan guarantee</td>
<td></td>
<td></td>
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<tr>
<td>f. loan insurance</td>
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<td></td>
</tr>
</tbody>
</table>

For Material Change Only: year _______ quarter _________
date of last report ___________

<table>
<thead>
<tr>
<th>4. Name and Address of Reporting Entity:</th>
<th>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Prime</td>
<td>9 Subawardee Tier _____, if known:</td>
</tr>
<tr>
<td>Congressional District, if known:</td>
<td>Congressional District, if known:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Federal Department/Agency:</th>
<th>7. Federal Program Name/Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CFDA Number, if applicable:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Federal Action Number, if known:</th>
<th>9. Award Amount, if known:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
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</table>

<table>
<thead>
<tr>
<th>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, Mi):</th>
<th>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, Mi):</th>
</tr>
</thead>
<tbody>
<tr>
<td>(attach Continuation Sheet(s))</td>
<td>SF-LLL-A, if necessary)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Amount of Payment (check all that apply):</th>
<th>13. Type of Payment (check all that apply):</th>
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</thead>
<tbody>
<tr>
<td>$ _______</td>
<td>9 a. retainer</td>
</tr>
<tr>
<td>9 actual</td>
<td>9 b. one-time fee</td>
</tr>
<tr>
<td>9 planned</td>
<td>9 c. commission</td>
</tr>
<tr>
<td></td>
<td>9 d. contingent fee</td>
</tr>
<tr>
<td></td>
<td>9 e. deferred</td>
</tr>
<tr>
<td></td>
<td>9 f. other; specify:</td>
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</table>

<table>
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<tr>
<th>12. Form of Payment (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 a. cash</td>
</tr>
<tr>
<td>9 b. in-kind; specify: nature _____________</td>
</tr>
<tr>
<td>value _____________</td>
</tr>
</tbody>
</table>

| 14. Brief Description of Services Performed or to be Preformed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11: |
| (attach Continuation Sheet(s) SF-LLL-A, if necessary) |

<table>
<thead>
<tr>
<th>15. Continuation Sheet(s) SF-LLL-A attached</th>
<th>9 Yes</th>
<th>9 No</th>
</tr>
</thead>
</table>

| 16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure. |
| Signature: ______________________________ |
| Print Name: ____________________________ |
| Title: __________________________________ |
| Telephone No.: _________________________ |

Authorized for Local Reproduction
INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U. S. C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., RFP-DE-90-001.

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influenced the covered Federal action.
    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonable expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate box. Check all boxes that apply. If other, specify nature.

14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.

15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.
CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTION

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative ___________________________ Signature ___________________________ Date ___________________________

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AN
IMMIGRATION AND SECURITY FORM

A. In order to insure compliance with the Immigration Reform and Control Act of 1986 (IRCA), D.L. 99-603 and the Georgia Security and Immigration Compliance Act OCGA 13-10-90 et.seq., Contractor must initial one of the sections below:

_____ Contractor has 500 or more employees and Contractor warrants that Contractor has complied with the Immigration Reform and Control Act of 1986 (IRCA), D.L. 99-603 and the Georgia Security and Immigration Compliance Act by registering at https://www.vis-dhs.com/EmployerRegistration and verifying information of all new employees; and by executing any affidavits required by the rules and regulations issued by the Georgia Department of Labor set forth at Rule 300-10-1-.01 et.seq.

_____ Contractor has 100-499 employees and Contractor warrants that no later than July 1, 2008, Contractor will register at https://www.vis-dhs.com/EmployerRegistration to verify information of all new employees in order to comply with the Immigration Reform and Control Act of 1986 (IRCA), D.L. 99-603 and the Georgia Security and Immigration Compliance Act; and by executing any affidavits required by the rules and regulations issued by the Georgia Department of Labor set forth at Rule 300-10-1-.01 et.seq.

_____ Contractor has 99 or fewer employees and Contractor warrants that no later than July 1, 2009, Contractor will register at https://www.vis-dhs.com/EmployerRegistration to verify information of all new employees in order to comply with the Immigration Reform and Control Act of 1986 (IRCA), D.L. 99-603 and the Georgia Security and Immigration Compliance Act; and by executing any affidavits required by the rules and regulations issued by the Georgia Department of Labor set forth at Rule 300-10-1-.01 et.seq.

B. Contractor warrants that Contractor has included a similar provision in all written agreements with any subcontractors engaged to perform services under this Contract.

__________________________________________   __________________________
Signature                  Title

Firm Name:______________________________________________________
Street/Mailing Address:____________________________________________
City, State, Zip Code:______________________________________________
Telephone Number:__________________________________________________
Email Address:_____________________________________________________
Health Insurance Portability and Accountability Act Business Associate Agreement

The provider satisfactorily assures the Georgia Department of Human Services that it will comply with the Health Insurance Portability and Accountability Act (HIPAA), Public Law No. 104-191, 110 Stat. 1936. (Kassenbaum, Kennedy), 45 CFR 160, et seq. (HIPAA Privacy Regulations) and its regulations, including but not limited to the Privacy rule promulgated in 45 CFR 160 and Part 164 subparts A and E, that pursuant to HIPAA that become effective April 14, 2003. The provider understands and acknowledges that the Department of Human Resources is a covered entity as defined by HIPAA and is required to adopt and implement standards and procedures for the handling of protected health information by April 14, 2003. Further, as the designated Area Agency on Aging is for the purposes of HIPPA, a business associate of the Department of Human Services; its contractors that provide services and handle protected health information are business associates of both the River Valley Regional Commission, Area Agency on Aging and the Department of Human Services. The provider further understands and acknowledges that upon entering a contract with the River Valley Regional Commission, Area Agency on Aging/Department of Human Services the agency agrees to comply with and abide by the Department’s privacy standards and procedures. The provider therefore agrees that any use of protected health information pursuant to this contract will comply with all HIPAA and Department requirements and privacy standards and procedures.

Further, the provider agrees to provide training for its employees as required by HIPAA. It shall provide privacy; security and electronic data interchange safeguards as outlined by federal law and regulations. It shall provide clients’ rights, notice of privacy policies, maintain minimum necessary and de-identified information as required by HIPAA and will comply with any policies of the Department of Human Services. The provider further acknowledges and agrees that the Department of Human Services Division of Aging Services, including the Long-Term Care Ombudsman, provide functions that are considered health oversight agencies in its funding, quality improvement and regulatory functions. As health oversight agencies, protected health information must be shared with them and do not require authorization, according to HIPAA.

I HAVE REVIEWED, UNDERSTAND AND AGREE TO ABIDE BY ALL CONDITIONS AS STATED.

______________________________________     Name of Contractor________________________________________

______________________________________   Signature of Legally Authorized Person

Date

Title
Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor 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 River Valley Regional Commission on behalf of __________________________ (public employer) 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 subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice of receipt of an affidavit from any sub-subcontractor that has contracted with a sub-subcontractor to forward, within five business days of receipt, a copy of such notice will be forwarded to the contractor Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

____________________________________________                  _______________________
Federal Work Authorization User Identification Number                   Date of Authorization

_________________________________________
Name of Subcontractor

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on ________, 20______ in ____________________ (city), ______________ (state)

_____________________________________________
Signature of Authorized Officer or Agent

_____________________________________________
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE __________ DAY OF __________, 20__.

_______________________________________
Notary Public
My Commission Expires: ___________________