

Provider Name: _____ Private Public

DEL Provider ID #: _____ ELC County: Sarasota

The undersigned does, by his/her oath solemnly swear and affirm that he/she is the [Title] _____ of _____ [Provider Name] and as such officer or agent of such entity and is duly authorized to make this affidavit on behalf of said entity. On behalf of such entity and pursuant to the authority recited herein, the undersigned does further solemnly swear and affirm that said entity:

- Has a current contract or is in the process of contracting with the Early Learning Coalition of Sarasota County to provide School Readiness and/or Voluntary Prekindergarten services.
- Is enrolled and actively using the E-Verify system; and
- Does not employ, contract with, or subcontract with any person who is an "unauthorized alien" as that term is defined in 8 U.S.C. 1324a (h) (3). *

The undersigned affirms, under penalty of perjury, that all statements made herein are true and correct.

Signature
Must be signed in presence of notary

Printed Name

To be Completed by Notary Public

STATE OF FLORIDA, County of _____

Sworn to or affirmed and signed before me this _____ day of _____, 20_____.

- Personally Known OR
 Produced Identification
 Type of ID Produced: _____

Signature of Notary Public



Notary Seal

My Commission Expires: _____

**8 U.S.C. 1324a (h) (3) Definition of unauthorized alien as used in this section, the term "unauthorized alien" means with respect to the employment of an alien at a particular time, that the alien is not at that time either*