

## **SECTION 5310**

### **Enhanced Mobility of Seniors and Individuals with Disabilities Program**

CFDA 20.513

## **APPLICATION FORMS**

*Mobility Management Project*  
*Purchase of Service Project*  
*Fixed Route Service Access Projects Alternatives to*  
*Transit That Enhance Mobility*

**(Note – Instructions contained in separate document)**

Missouri Department of Transportation for  
Federal Transit Administration  
49 U.S.C.

**SUBMISSION DEADLINE: MARCH 1, 2019**

Completed applications may be emailed to  
Enjoli.dixon@modot.mo.gov and  
CC: MoTransit@modot.mo.gov and in the subject line please indicate  
“5310 Capital Projects/Agency or Organization Name”

Missouri Department of Transportation  
Multimodal Operations - Transit  
P. O. Box 270  
Jefferson City, MO 65102

For technical assistance or questions,  
contact Enjoli Dixon at (573) 526-5500 or Enjoli.Dixon@modot.mo.gov

Revised January 2019

## APPLICATION CHECKLIST

### THE FOLLOWING **MUST BE SIGNED AND INCLUDED WITH THIS APPLICATION AND *LABELED IN THIS ORDER***

_____	Applicant ID	Applicant Identification Page
_____	Appendix A	Mobility Management or Purchase of Service or Fixed Route Access or Alternative to Public Transit Project Request Form (attach detailed budget)
_____	Appendix B	<b>(Insert)</b> Publishers Affidavit for Public Notice
_____	Appendix C	Certification for Local Match and Operating Expenses Fund Sources
_____	Appendix D	<b>(Insert)</b> Certification: Regional Planning Commission Project Coordination
_____	Appendix E	Certification: Vehicle Insurance (only for Purchase of Service or Alternative to Public Transit Projects)
_____	Appendix F	Certification: Transit & Paratransit Operators Contacted
_____	Appendix G	Certification: Authorizing Resolution for Non-Profit Corporations
_____	Appendix H	Certification: Local Governmental Authority
_____	Appendix I	Certification: Title VI & Nondiscrimination
_____	Appendix J	Certification and Assurances: Federal Transit Administration
_____	Appendix K	<b>(Insert)</b> Current certificate of good standing from the Secretary of States office
_____	Appendix L	Worker Eligibility Verification Affidavit / E-Verify MOU

**Missouri Department of Transportation – Multimodal Operations Division  
APPLICATION**

**Federal Transit Administration  
49 U.S.C.**

**SECTION 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program  
Applicant Identification Page**

<b>Legal Name of Organization</b>	
	<b>(As shown on the incorporation or charter documents)</b>

<b>List all other DBA names</b>	

<b>Street Address</b>	
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<b>Mailing Address</b>	
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<b>City</b>		<b>State</b>		<b>Zip + 4</b>		<b>County</b>	
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<b>Congressional District</b>		<b>RPC/MPO Plan</b>	
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<b>Executive Director</b>		<b>Phone</b>	
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<b>Grant Contact Person</b>		<b>Phone</b>	
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<b>Email</b>		<b>Fax</b>	
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<b>Federal Employer Identification Number (FEIN)</b>			
<b>DUNS Number</b>			
<b>Nonprofit Corporation Number</b> (issued by the MO Secretary of State)			
<b>Does applicant agency have a Title VI / Non-Discrimination Plan?</b>			
If yes, Title VI/Nondiscrimination Plan approval date (mm/dd/yy):			
<b>Our governing body (board of director, city council, etc.) is made up predominantly of minority and/or low-income individuals.</b>	Yes	No	
<b>Potential riders/clients of our transportation service will be predominantly minority and/or low-income individuals.</b>	Yes	No	

## APPENDIX A

## SECTION 5310 - Mobility Management Project Request Form

*(Refer to information packet for grant eligible activities)*

<b>Project Name:</b>	
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<b>Project Beginning Date:</b>	
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<b>Project End Date :</b>	
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(end date for amount of funds applied in this application)

Project Description (use additional pages, if needed)	

\$	Total Project Budget for time Period Stated	
\$	Matching Funds Source #1 (name)	
\$	Matching Funds Source #2 (name)	
\$	Matching Funds Source #3 (name)	
\$	Total Grant Matching Funds From All Sources	

## APPENDIX A

### SECTION 5310 – Purchase of Service Project Request Form

*(Refer to information packet for grant eligible activities)*

*Special Note* – for existing contracted mobility services to be eligible for funding, those services must have been acquired in full compliance with FTA's procurement procedural requirements and the resultant contract must contain all applicable FTA required contract terms and conditions language.)

<b>Project Name:</b>	
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<b>Project Beginning Date:</b>	
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<b>Project End Date :</b>	
(end date for amount of funds applied in this application)	

<p><b>Project Description that includes</b> (use additional pages, if needed):</p> <ul style="list-style-type: none"><li>• geographic mobility service area,</li><li>• categories of persons served,</li><li>• days of the week service is available,</li><li>• times of each day operated that service is available,</li><li>• trip purposes served</li></ul> <p><u><i>Note</i></u> – if this project relies on services currently contracted, include a complete copy of the fully executed mobility service contract with the submitted application.</p>

\$	<b>Total Project Budget for time Period Stated</b>	
\$	<b>Matching Funds Source #1 (name)</b>	
\$	<b>Matching Funds Source #2 (name)</b>	
\$	<b>Matching Funds Source #3 (name)</b>	
\$	<b>Total Grant Matching Funds From All Sources</b>	

## APPENDIX A

## SECTION 5310 – Fixed Route Service Access Project Request Form

*(Refer to 5310 information packet for grant eligible activities)*

<b>Project Name:</b>	
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<b>Project Beginning Date:</b>	
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<b>Project End Date :</b>	
(end date for amount of funds applied in this application)	

<b>Project Description</b> (use additional pages, if needed):
<i>(Note – For accessibility improvements to stations and stops, describe the location(s) for these improvement as well as how these improvements will remove barriers to access for persons with disabilities).</i>
<i>(Note – For Travel Training projects – describe in detail the methods used to conduct the training, the types of information communicated in the training and the target audiences for this travel training).</i>

\$	Total Project Budget for time Period Stated	
\$	Matching Funds Source #1 (name)	
\$	Matching Funds Source #2 (name)	
\$	Matching Funds Source #3 (name)	
\$	Total Grant Matching Funds From All Sources	

## APPENDIX A

### SECTION 5310 – Alternatives to Public Transit to Enhance Mobility for Seniors and Individuals with Disabilities Project Request Form (Refer to information packet for grant eligible activities)

Project Name:	
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Project Beginning Date:	
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Project End Date :	
(end date for amount of funds applied in this application)	

**Project Description that includes** (use additional pages, if needed):

- geographic mobility service area,
- categories of persons served,
- days of the week service is available,
- times of each day operated that service is available,
- trip purposes served

*Note – if this project relies on services currently contracted, include a complete copy of the fully executed mobility service contract with the submitted application.*

\$	Total Project Budget for time Period Stated	
\$	Matching Funds Source #1 (name)	
\$	Matching Funds Source #2 (name)	
\$	Matching Funds Source #3 (name)	
\$	Total Grant Matching Funds From All Sources	

## APPENDIX C

### **Certification for Local Match and Operating Expenses Fund Sources**

This is to confirm that \_\_\_\_\_ will provide the necessary \_\_\_\_\_  
(Agency Name)

grant matching funds and that \_\_\_\_\_ will  
(Agency Name)

provide the necessary and appropriate funding for expenses resulting from this

Section 5310 project.

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Authorized Representative of Applicant



# APPENDIX E

## VEHICLE INSURANCE CERTIFICATION

(only for Purchase of Service or Alternative to Public Transit Projects)

To protect the federal interest and the local agency interest in vehicle(s) funded by the Federal Transit Administration, agencies must also insure vehicle(s) for accidental liability and general collision. Failure to maintain adequate insurance coverage will result in additional cost by your agency to cover the federal interest of the vehicle(s) should an accident occur.

If agency is self-insured, please sign this document and provide a copy of the certificate of self-insurance issued by the Missouri Department of Revenue.

By signature of this certification you are verifying the following insurance requirements have or will be met:

- General collision insurance protection.
- Minimum coverage required by the State of Missouri:
  - Under Missouri law, vehicle owners must have auto insurance that provides, at a minimum, the following coverage's on any vehicle in operation in the state:
  - \$25,000 per person for bodily injuries suffered in an accident
  - \$50,000 per accident for bodily injuries, when more than one person is hurt, and
  - \$10,000 per accident for property damage.
  - Bodily injury coverage pays for injuries caused by an accident in which the driver of the covered vehicle was at fault, while property damage pays for any resulting damage to real or personal property. This kind of liability coverage does not pay for damage to the policy holder's own vehicle. You can purchase coverage for repair or replacement of your vehicle if it is damaged in an accident that you caused (this is called collision coverage), or if it is damaged by weather, an animal, or some other cause (this is called comprehensive coverage), but those are not required in Missouri.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Representative of Applicant

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

## APPENDIX F

### **TRANSIT AND PARATRANSIT OPERATORS CONTACTED CERTIFICATION**

I certify that our organization has made a good faith effort to notify public and private transit and paratransit providers in our service area concerning the transportation service we propose to provide for seniors and/or persons with disabilities.

Signature: \_\_\_\_\_  
Authorized Representative of Applicant

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX G

### AUTHORIZING RESOLUTION FOR NONPROFIT CORPORATIONS

Whereas, the Missouri Department of Transportation is authorized to make grants for Enhanced Mobility of Seniors and Individuals with Disabilities transportation projects; and,

WHEREAS, the contract for capital financial assistance will impose certain obligations upon the applicant, including the provision by it of the local share of project costs; and,

WHEREAS, it is the goal of the applicant to provide the best transit project that can be provided with the funds available.

NOW THEREFORE, be it resolved by \_\_\_\_\_  
(legal name of organization)

\_\_\_\_\_ as follows:

That the President or Chairperson is authorized to execute grant contract agreements with the Missouri Department of Transportation for aid in financing of a Section 5310 assistance project.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Representative of Applicant

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Attest: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## APPENDIX H

### LOCAL GOVERNMENTAL AUTHORITY CERTIFICATION

(For Government Entities Only)

For governmental entities to be eligible for the “Traditional – Capital” 5310 funding, the state or local government authority needs to be approved by the State to coordinate services for seniors and individuals with disabilities or certify that there are no non-profit organizations readily available in the area to provide the service. See 49 U.S.C. 5310(b)(1) and (b)(2).

As the authorized representative of \_\_\_\_\_, I certify that:

Our agency is approved by the State to coordinate services for seniors and individuals with disabilities.

OR

There are no non-profit organizations readily available in the area to provide the service.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# APPENDIX I

## TITLE VI & NONDISCRIMINATION CERTIFICATION

### Title VI

A recipient of any federal funds from the U.S. Department of Transportation ("DOT") must comply with federal statutes, regulations, executive orders, and other pertinent directives that govern nondiscrimination in federally assisted programs. Below is a list of the statutes and regulations that may apply to a recipient's program; however, other federal requirements regarding nondiscrimination may be imposed by DOT.

- A. Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 U.S.C. §§ 2000d *et seq.*
- B. All requirements imposed by or pursuant to the Code of Federal Regulations, Title 49: Transportation, Subtitle A: Office of the Secretary of Transportation, Part 21: *Nondiscrimination in Federally-Assisted Programs of the Department of Transportation --Effectuation of Title VI of the Civil Rights Act of 1964.*

As part of federal requirements, a recipient of funds from DOT must ensure that it has written policies and procedures in place to ensure nondiscrimination in its programs, up to and including, developing a Title VI Plan.

### Nondiscrimination

A recipient of any federal funds from DOT must also comply with federal statutes, regulations, executive orders, and other pertinent directives that govern nondiscrimination in federally assisted programs, including those related to equal employment opportunity and disadvantaged business enterprise participation in federally projects. Below is a list of the statutes and regulations that may apply to a recipient's program; however, other federal requirements regarding nondiscrimination may be imposed by DOT.

- A. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d, and implementing regulations at 49 CFR Part 21 - *Nondiscrimination in Federally Assisted Programs of the Department of Transportation --Effectuation of Title VI of the Civil Rights Act.*
- B. The equal employment opportunity provisions of 49 U.S.C. § 5332 and Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e *et seq.*, and implementing regulations, including:
  - 1. 41 CFR Part 60 - *Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.*
- C. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 *et seq.*, and implementing regulations at 49 CFR Part 25 - *Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance.*

## APPENDIX I

- D. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794, and the Americans with Disabilities Act of 1990, as amended, 42 U.S.C. §§ 12101 *et seq.*, and implementing regulations, including:
1. 49 CFR Part 37 -- *Transportation Services for Individuals with Disabilities (ADA)*.
  2. 49 CFR Part 27 -- *Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance*.
  3. 36 CFR Part 1192 and 49 CFR Part 38 -- *Americans with Disabilities (ADA) Accessibility Specifications for Transportation Vehicles*.
  4. 28 CFR Part 35 -- *Nondiscrimination on the Basis of Disability in State and Local Government Services*.
  5. 28 CFR Part 36 -- *Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities*.
  6. 41 CFR Subpart 101 - 119 -- *Accommodations for the Physically Handicapped*.
  7. 29 CFR Part 1630 -- *Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act*.
  8. CFR Part 64, Subpart F -- *Telecommunications Relay Services and Related Customer Premises Equipment for the Hearing and Speech Disabled*.
  9. 36 CFR Part 1194 -- *Electronic and Information Technology Accessibility Standards*.
  10. Federal civil rights and nondiscrimination directives implementing those federal laws and regulations, unless the federal government determines otherwise in writing.
- E. The Age Discrimination Act of 1975, as amended, 42 U.S.C. §§ 6101 *et seq.*, and implementing regulations at 49 CFR Part 90 - *Nondiscrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance*.
- F. The Age Discrimination in Employment Act, 29 U.S.C. §§ 621 through 634, and implement regulations of the U.S. Equal Employment Opportunity Commission 29 CFR Part 1625 -- *Age Discrimination in Employment Act*.
- G. The Drug Abuse Office and Treatment Act of 1972, as amended, 21 U.S.C. §§ 1101 *et seq.*, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, as amended, 42 U.S.C. §§ 4541 *et seq.*, and the Public Health Service Act of 1912, as amended, 42 U.S.C. §§ 290dd through 290dd-2.
- H. Executive Order 12898 --Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, 42 U.S.C. § 4321 note, and DOT Order 5620.3 at Federal Register Vol. 62 No. 18377 -- *Department of Transportation Actions to Address Environmental Justice in Minority Populations and Low-Income Populations*.

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- I. Executive Order 13166 - Improving Access to Services for Persons with Limited English Proficiency, 42 U.S.C. § 2000d – 1 note, and implementing policy guidance at Federal Register Vo. 70 No. 74087 -- *DOT Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficiency (LEP) Persons*.

By submitting its application for 5310 Program funds and signing below, the applicant certifies that it has reviewed the federal requirements regarding nondiscrimination in federally assisted programs and believes that it complies with the required policies and procedures. Also, the applicant acknowledges its understanding that if the applicant does not have the required policies and procedures in place prior to federal funds being obligated, then the applicant's project may become ineligible for federal funding.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# APPENDIX J

## FEDERAL FISCAL YEAR 2018 CERTIFICATIONS AND ASSURANCES FOR FEDERAL TRANSIT ADMINISTRATION ASSISTANCE PROGRAMS

**Name of Applicant:** \_\_\_\_\_

The Applicant agrees to have **read and comply** with the applicable provisions of Categories 01-21 located in the following link:

<https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/funding/grants/grantee-resources/114591/2018-certifications-and-assurances.pdf>

Category	Description	5310	(initial)
01.	Required Certifications and Assurances For Each Applicant.	X	
02.	Lobbying.	X	
03.	Private Sector Protections (only if non-profit agency).	X	
04.	Rolling Stock Reviews and Bus Testing.	X	
05.	Demand Responsive Service.	X	
06.	Intelligent Transportation Systems.	X	
07.	Interest and Financing Costs and Acquisition of Capital Assets by Lease.	n/a	
08.	Transit Asset Management Plan, Public Transportation Agency Safety Program, and State Safety Oversight Requirements.	n/a	
09.	Alcohol and Controlled Substances Testing.	X	
10.	Fixed Guideway Capital Investment Grants Program (New Starts, Small Starts, and Core Improvement).	n/a	
11.	State of Good Repair Program.	n/a	
12.	Grants for Buses and Bus Facilities and Low or No Emission Vehicle Deployment Grant Programs.	n/a	
13.	Urbanized Area Formula Grants Programs and Passenger Ferry Grant Program.	n/a	
14.	Enhanced Mobility of Seniors and Individuals with Disabilities Programs.	X	
15.	Rural Areas and Appalachian Development Programs.	n/a	
16.	Tribal Transit Programs (Public Transportation on Indian Reservations Programs).	n/a	
17.	State Safety Oversight Grant Program.	n/a	
18.	Public Transportation Emergency Relief Program.	n/a	
19.	Expedited Project Delivery Pilot Program.	n/a	
20.	Infrastructure Finance Programs.	n/a	
21.	Construction Hiring Preferences.	n/a	



# APPENDIX J

## FTA FISCAL YEAR 2018 CERTIFICATIONS AND ASSURANCES

### **FEDERAL FISCAL YEAR 2018 FTA CERTIFICATIONS AND ASSURANCES SIGNATURE PAGE**

(Required of all Applicants for federal assistance to be awarded by FTA in FY 2018)

#### **AFFIRMATION OF APPLICANT**

Name of the Applicant: \_\_\_\_\_

Name and Relationship of the Authorized Representative: \_\_\_\_\_

BY SIGNING BELOW, on behalf of the Applicant, I declare that it has duly authorized me to make these Certifications and Assurances and bind its compliance. Thus, it agrees to comply with all federal laws, regulations, and requirements, follow applicable federal guidance, and comply with the Certifications and Assurances as indicated on the foregoing page applicable to each application its Authorized Representative makes to the Federal Transit Administration (FTA) in federal fiscal year 2018, irrespective of whether the individual that acted on his or her Applicant's behalf continues to represent it.

FTA intends that the Certifications and Assurances the Applicant selects on the other side of this document should apply to each Award for which it now seeks, or may later seek federal assistance to be awarded by FTA during federal fiscal year 2018.

The Applicant affirms the truthfulness and accuracy of the Certifications and Assurances it has selected in the statements submitted with this document and any other submission made to FTA, and acknowledges that the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. § 3801 *et seq.*, and implementing **U.S. DOT regulations, "Program Fraud Civil Remedies," 49 CFR part 31**, apply to any certification, assurance or submission made to FTA. The criminal provisions of 18 U.S.C. § 1001 apply to any certification, assurance, or submission made in connection with a federal public transportation program authorized by 49 U.S.C. chapter 53 or any other statute.

In signing this document, I declare under penalties of perjury that the foregoing Certifications and Assurances, and any other statements made by me on behalf of the Applicant are true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Authorized Representative of Applicant

#### **AFFIRMATION OF APPLICANT'S ATTORNEY**

For (Name of Applicant): \_\_\_\_\_

As the undersigned Attorney for the above named Applicant, I hereby affirm to the Applicant that it has authority under state, local, or tribal government law, as applicable, to make and comply with the Certifications and Assurances as indicated on the foregoing pages. I further affirm that, in my opinion, the Certifications and Assurances have been legally made and constitute legal and binding obligations on it.

I further affirm that, to the best of my knowledge, there is no legislation or litigation pending or imminent that might adversely affect the validity of these Certifications and Assurances, or of the performance of its FTA assisted Award.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Attorney for Applicant

*Each Applicant for federal assistance to be awarded by FTA and each FTA Recipient with an active Capital or Formula Project or Award must provide an Affirmation of Applicant's Attorney pertaining to the Applicant's legal capacity. The Applicant may enter its electronic signature in lieu of the Attorney's signature within FTA's electronic award and management system, provided the Applicant has on file and uploaded to FTA's electronic award and management system this hard-copy Affirmation, signed by the attorney and dated this federal fiscal year.*

# APPENDIX L

## WORKER ELIGIBILITY VERIFICATION AFFIDAVIT

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be a person whose name is subscribed to this affidavit, who being by me duly sworn, deposed as follows:

My name is \_\_\_\_\_, and I am of sound mind, capable of making this affidavit, and personally certify the facts herein stated, as required by Section 285.530, RSMo, to enter into any contract agreement with the state to perform any job, task, employment, labor, personal services, or any other activity for which compensation is provided, expected, or due, including but not limited to all activities conducted by business entities:

I am the \_\_\_\_\_ of \_\_\_\_\_, and I am duly authorized, directed, and/or empowered to act officially and properly on behalf of this business entity.

title business name

I hereby affirm and warrant that the aforementioned business entity is enrolled in a federal work authorization program operated by the United States Department of Homeland Security, and the aforementioned business entity shall participate in said program to verify information (employment eligibility) of newly hired employees working in connection to work under the within state contract agreement with the Missouri Highways and Transportation Commission (MHTC). I have attached documentation to this affidavit to evidence enrollment/participation by the aforementioned business entity in a federal work authorization program, as required by Section 285.530, RSMo.

In addition, I hereby affirm and warrant that the aforementioned business entity does not and shall not knowingly employ, in connection to work under the within state contract agreement with MHTC, any alien who does not have the legal right or authorization under federal law to work in the United States, as defined in 8 U.S.C. § 1324a(h)(3).

I am aware and recognize that, unless certain contract and affidavit conditions are satisfied pursuant to Section 285.530, RSMo, the aforementioned business entity may be held liable under Sections 285.525 through 285.550, RSMo, for subcontractors that knowingly employ or continue to employ any unauthorized alien to work within the state of Missouri.

I acknowledge that I am signing this affidavit as a free act and deed of the aforementioned business entity and not under duress.

\_\_\_\_\_  
Affiant Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

***[Documentation of enrollment/participation in a federal work authorization program is attached. Acceptable enrollment and participation documentation consists of the following two pages of the E-Verify Memorandum of Understanding: (1) A valid, completed copy of the first page identifying the business entity; and (2) A valid copy of the signature page completed and signed by the business entity, the Social Security Administration, and the Department of Homeland Security – Verification Division.]***