

SECTION 5310
Enhanced Mobility of Seniors and Individuals with
Disabilities Program

CFDA 20.513

APPLICATION FORMS

Capital Projects (Vehicle and Equipment)
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, 2020

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,
Please email motransit@modot.mo.gov with subject line
“5310 Application Question”

APPLICATION CHECKLIST

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

_____	Applicant ID	Applicant Identification Page
_____	Appendix A	Application Form: Capital or Mobility Management or Purchase of Service or Fixed Route Access or Alternative to Public Transit Project Request Form (attach detailed budget) **List and description of all vehicles operated by your agency (only for Capital Applications)
_____	Appendix B	(Insert) Publishers Affidavit for Public Notice
_____	Appendix C	Certification for Local Match and Operating Expenses Fund Sources
_____	Appendix D	(Insert) 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	(Insert) 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**

Legal Name of Organization	
	(As shown on the incorporation or charter documents)

List all other DBA names	

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

APPENDIX A

SECTION 5310 - CAPITAL PROJECT REQUEST FORM

A separate form (copy) must be completed for each vehicle / equipment requested

PROJECT REQUEST TYPE			
Vehicle - Replacement**		Equipment – Replacement	
Vehicle – Expand Existing Services		Equipment – Expand Existing Services	
Vehicle – Start New Services		Equipment – Start New Services	

** To replace an existing <u>MoDOT</u> funded vehicle, please include the following information					
VIN #		Year		Make	
Current odometer reading		Vehicle Condition			

NOTE: If a vehicle has been replaced in a previous grant cycle, and you attempt to replace it again, your complete application will not be considered.

INFORMATION FOR REQUESTED VEHICLE – Indicate vehicle type and desired options

Please describe type of vehicle needed: See examples of options below.

Medium Roof Long Conversion Van		Option(s)	
High Roof Long Conversion Van		Option(s)	

Lowered Floor Minivan - Accessible		Floor Plan		Option(s)	
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Narrow Body Cutaway		Floor Plan		Option(s)	
Wide Body Cutaway		Floor Plan		Option(s)	

List primary city and/or county to be served by this vehicle		
	City	County

Daily hours actual transportation services will be performed with this vehicle. (If you transport passengers from 7 - 9 am and then again from 3 - 5 pm, <i>your transportation hours are <u>4</u> hours daily</i>).	
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INFORMATION FOR REQUESTED VEHICLE/ EQUIPMENT – Include description and/or estimated cost

APPENDIX A

Type of Agency (Senate Bill 40, Sheltered Workshop, Senior Center, etc.)

Major Funding Sources – Matching Funds for Section 5310 Grant

Description of Transportation Service Provided in Relationship to this capital project request

(including days and hours of operation, geographic area of service and the type of clientele and how vehicle or equipment will be used to support the mobility service for seniors and / or individuals with

Service Area (Cities and Counties)

Estimated Trips: Below, estimate the number of annual one-way passenger trips to be provided from this grant project for seniors and / or individuals with disabilities.

Seniors

Persons with Disabilities

Type of Trips to be provided (% of use should equal 100)

Medical

Education

Nutrition

Recreation

Shopping

Employment

Other* (describe below)

APPENDIX A

VEHICLE INVENTORY

Mark the vehicle(s) those requested above would replace with
an asterisk (*)

Year/ Model	Vehicle Type	Vehicle Serial Number	Lift/ Ramp Equipped	Seating Capacity	Capital Funding Sources federal & local	Current Odometer	Condition of Vehicle (see below)
*08/Example	LFMV	3BOYB1117H517K923	YES	10	Section 5310/United Way	149,799	Fair

Vehicle Type Abbreviations

CAR	Sedan
MVAN	Mini-van
LFMV	Low Floor Mini-van
FSVAN	Full Size Standard Van
NBC	Narrow Body Cutaway
WBC	Wide Body Cutaway
MDB	Medium Duty Bus

(**Note** - For vehicle fleets larger than 10 vehicles, copy form and continue)

Please use the following scale to indicated Condition of Vehicle:

GOOD - Requires standard maintenance
 FAIR - Requires frequent maintenance for minor problems
 POOR - Requires frequent maintenance for major problems
 BAD - use presents continued major mechanical problems

APPENDIX A

SECTION 5310 - Mobility Management 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 (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.)

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)	

<p>Project Description that includes (use additional pages, if needed):</p> <ul style="list-style-type: none">• 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 <p><u>Note</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>

\$	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 – Fixed Route Service Access Project Request Form (Refer to 5310 information packets 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)	

<p>Project Description (use additional pages, if needed):</p> <p><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></p> <p><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></p>

\$	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.

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 coverages 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

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 person(s) listed below are 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 2019 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/funding/grantee-resources/certifications-and-assurances/fiscal-year-2019-annual-list-certification-0>

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 2019 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.]