

**AFFIDAVIT OF ALABAMA IMMIGRATION COMPLIANCE BY A
CONTRACTOR OR GRANTEE TO NORTHWEST ALABAMA COUNCIL OF LOCAL
GOVERNMENTS IN THE STATE OF ALABAMA**

In compliance with SECTIONS 9 (a) and (b) BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (the "Act"); CODE OF ALABAMA, SECTIONS 31-13-9 (a) and (b), this Affidavit of Alabama Immigration Compliance is to be completed and signed by an officer or owner of a contractor or grantee and notarized, as a condition for the award of any contract by NORTHWEST ALABAMA COUNCIL OF LOCAL GOVERNMENTS (NACOLG) to an employer that employs one or more employees in the State of Alabama and is a recipient of funds from NORTHWEST ALABAMA COUNCIL OF LOCAL GOVERNMENTS, or funds from any political subdivision of the State of Alabama, or any public funded entity. Contractors and Grantees are to provide notice to their Subcontractors of their Alabama Immigration Compliance obligations.

State of Alabama:
County of _____:

Before me, a notary public, personally appeared _____ (print name) who, is duly authorized by the business entity/employer which appears below, being sworn, says as follows:

As a condition for being a contractor or grantee on a project paid for by contract, grant, or incentive by the State of Alabama, or any political subdivision thereof, or any state-funded entity, I hereby attest that in my capacity as _____ (your position) for _____ (name of contractor or grantee), said Contractor or Grantee does not knowingly employ, hire for employment, or continue to employ an unauthorized alien. Further, Contractor or Grantee affirms that it is providing notice to its subcontractors of their Alabama Immigration Compliance obligations.

I further attest that said Contractor or Grantee is enrolled in the E-Verify program and attached to this Affidavit is our E-Verify Memorandum of Understanding confirming such program enrollment. I have read this Affidavit and swear and affirm that it is true and correct.

Signature of Affiant

Sworn to and subscribed before me this ____ day of _____, 2____.
I certify that the affiant is known (or made known) to me to be the identical party he or she claims to be.

Signature and Seal of Notary Public

To be returned to: NORTHWEST ALABAMA COUNCIL OF LOCAL GOVERNMENTS, P.O. Box 2603, Muscle Shoals, AL 35662