PURSUANT TO STATE OF FLORIDA, OFFICE OF THE GOVERNOR, EXECUTIVE ORDER 11-116 (Superseding Executive Order 11-02) AND SECTION 448.095 F.S.

Executive Order 11-116 requires all agencies under the direction of the Governor to verify the employment eligibility of all new employees through the U.S. Department of Homeland Security’s E-Verify system. Further, in conjunction with Section 448.095 F.S., the Contractor is directed to include as a condition of all contracts for the provision of goods or services to the School Board of Volusia County in excess of nominal value, an express requirement that the Contractor utilizes the U.S. Department of Homeland Security’s E-Verify system to verify the employment eligibility of all new employees hired by the Contractor during the contract term, and an express requirement that the Contractor include in such subcontracts the requirement that subcontractors performing work or providing services pursuant to the state contract utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.

In accordance with Executive Order 11-116 and Section 448.095 F.S. the School Board of Volusia County Florida requires all contractors who are awarded state funded contracts to verify newly hired employees using the U.S. Department of Homeland Security’s E-Verify system. It is the responsibility of the awarded Contractor to insure compliance. To enroll in the E-Verify system employers should visit [www.e-verify.gov](http://www.e-verify.gov).

By affixing your signature below you hereby affirm that you will comply with all applicable E-Verify requirements for the following project:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facility Name: |       | Project No.: |       |  |
| Project Name: |       |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The undersigned has hereunto set his/her hand this |       | day of |       | , |       |
|       |  |  |
| *(Print or Type Name, Title)* |  | *(Signature of Affiant)* |
|       |  |       |
| *(Federal Employer ID Number – FEIN)* |  | *(E-Verify Number)* |
|       |
| *(Firm Name)* |  |  |
|       |  |       |  |       |  |       |
| *(Firm Address)* |  | *(City)* |  | *(State)* |  | *(Zip Code)* |

|  |
| --- |
| **NOTARY PUBLIC** |
| STATE OF FLORIDA, COUNTY OF  |       |  |
| Before me, the undersigned authority, personally appeared  |       |
| known to me to be the person described herein and who executed the foregoing instrument and acknowledged before me executed the same. |
| IN WITNESS WHEREOF, I have hereunto set my hand and official seal this |
|       | day of |       | , |       |  |
| *(Notary Seal)* |  |
| My commission expires: | *(Notary Signature)* |
|       |  |       |
| *(Date)* |  | *(Print, type or stamp name of notary public)* |
| [ ]  | Personally known to me | [ ]  Produced ID |       |
|  | *(Type of ID, if applicable)* |