

## EXHIBIT Q

### AFFIDAVIT OF WORK AUTHORIZATION

Affidavit of Work Authorization and Documentation:

Pursuant to 285.530 RSMo, the bidder/company name must affirm its enrollment and participation in a federal work authorization program with respect to the employees proposed to work in connection with the services requested herein by

- submitting a completed, notarized copy of EXHIBIT Q , AFFIDAVIT OF WORK AUTHORIZATION and
- providing documentation affirming the bidder's/company name's enrollment and participation in a federal work authorization program (see below) with respect to the employees proposed to work in connection with the services requested herein.

**E-Verify** is an example of a federal work authorization program.

Information regarding E-Verify is available at:

[http://www.dhs.gov/xprevprot/programs/qc\\_1185221678150.shtm](http://www.dhs.gov/xprevprot/programs/qc_1185221678150.shtm).

A copy of the E-Verify Memorandum of Understanding (MOU) can be viewed at:

<http://www.uscis.gov/files/nativedocuments/MOU.pdf>.

Acceptable enrollment and participation documentation consists of the following two pages of the E-Verify Memorandum of Understanding (MOU):

- 1) a valid, completed copy of the first page identifying the bidder/company name and
- 2) a valid copy of the signature page completed and signed by the bidder/an authorized representative of (company name), the Social Security Administration, and the Department of Homeland Security – Verification Division.

**EXHIBIT Q**

**AFFIDAVIT OF WORK AUTHORIZATION**

(TO BE SUBMITTED **WITH BID** AS "ATTACHMENT Q")

I understand that \_\_\_\_\_ must enroll and then continue to  
(BIDDER NAME)

participate in a federal work authorization program in respect to employees that will work in connection with the contracted services related to this Request For Proposal for the duration of the contract, if awarded in accordance with RSMo Chapter 285.530 (2).

I also affirm that \_\_\_\_\_ does not and will not knowingly employ a  
(BIDDER NAME)

person who is an unauthorized alien in connection with said contract.

I understand that within 15 days of the Award of Contract \_\_\_\_\_  
(BIDDER NAME)

will submit the signed and notarized **AFFIDAVIT OF WORK AUTHORIZATION**.

I understand that no work under this contract may begin until the AFFIDAVIT is submitted.

\_\_\_\_\_  
Signature (person with authority)

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**AFFIDAVIT OF WORK AUTHORIZATION**

(TO BE SUBMITTED WITHIN 15 DAYS of AWARD of CONTRACT)

Comes now \_\_\_\_\_ as \_\_\_\_\_ first being duly  
(NAME) (OFFICE HELD)

sworn on my oath, affirm \_\_\_\_\_ is enrolled and will continue to  
(CONTRACTOR NAME)

participate in the E-Verify federal work authorization program in respect to employees that will work in connection with the City of St. Louis FY 2016 SLAAA Nutrition Services – Catering program that tentatively begins on July 1, 2015 for the duration of the contract, if awarded in accordance with RSMo Chapter 285.530 (2).

I also affirm that \_\_\_\_\_ does not and will not knowingly employ a  
(CONTRACTOR NAME)

person who is an unauthorized alien in connection with said contract services provided under the contract for the duration of the contract.

***In Affirmation thereof, the facts stated above are true and correct (The undersigned understands that false statements made in this filing are subject to the penalties provided under Sec 575.040, RSMo).***

\_\_\_\_\_  
Signature (person with authority) Printed Name

\_\_\_\_\_  
Title Date

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_.  
(DAY) (MONTH, YEAR)

I am commissioned as a notary public within the County of \_\_\_\_\_, State of  
(NAME OF COUNTY)

\_\_\_\_\_, and my commission expires on \_\_\_\_\_.  
(NAME OF STATE) (DATE)

\_\_\_\_\_  
Signature of Notary Date

