



## Employment Eligibility Verification Certification

I hereby certify that, as part of the hiring and contracting processes, the employment eligibility of all individuals that are currently hired and/or contracted (or will be hired) and funded (in whole or in part) with grant funds awarded from the N.C. Governor's Crime Commission, has been verified (or will be verified) consistent with the provisions of 8 U.S.C. §1324a(a)(1) and (2).

I furthermore certify that:

a. All persons, who are or will be involved in activities under this award, have been notified or will be notified of both (1) the requirement for verification of employment eligibility, and (2) the associated provisions in 8 U.S.C. § 1324a(a)(1) and (2) that, generally speaking, make it unlawful, in the United States, to hire (or recruit for employment) certain aliens.

b. As part of the recordkeeping for this award (including pursuant to 2 CFR §200 - Uniform Requirements), records are maintained and will be maintained of all employment eligibility verifications pertinent to compliance with this award condition in accordance with Form I-9 record retention requirements, as well as records of all pertinent notifications and trainings.

c. For purposes of satisfying the requirement of verification of employment eligibility, our agency may also choose to participate in and use, E-Verify ([www.e-verify.gov](http://www.e-verify.gov)). An appropriate person, authorized to act on behalf of our agency, may use E-Verify (and will subsequently follow the proper E-Verify procedures, including those procedures related to a "Tentative Non-confirmation" or a "Final Non-confirmation") to confirm employment eligibility for all individuals that are currently hired and/or contracted (or will be hired and/or contracted) and funded (in whole or in part) with grant award funds.

d. I understand that these records may be monitored by the federal awarding agency and/or GCC at any time and will retain copies of the records in accordance with federal record retention requirements.

\_\_\_\_\_  
Project Name

\_\_\_\_\_  
Project Number

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Authorizing Official Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Officer Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Director Signature

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

\_\_\_\_\_  
Date