CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with City of Cartersville has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with City of Cartersville, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the City of Cartersville at the time the subcontractor(s) is retained to perform such service.

The undersigned Contractor is using and will continue to use the federal work authorization program throughout the contract period.

1813775	
EEV/Basic Pilot Program* User Identification Number	
Baben Hoffman	03-20-2024
BY: Authorized Officer or Agent	Date
(Contractor Name)	20.00
Kecovery Bartow, Inc.	Executive Director
Contractor/Entity Name	Title of Authorized Officer or Agent of Contractor
109 Stone Wall St. Car Contractor Address Barbara Hoffman	tersville, GA 30120
Printed Name of Authorized Officer or Agent	
X 13 1 10 1 320 1 1	MINIMI
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF Warch, 2021	ON MISSION CTO AND
AAA	PUBLIC ACC
Notary Public	O Croppe 1 2 C
My Commission Expires:	COUNTY
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^{*} As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

AFFIDAVIT VERIFYING STATUS FOR CITY OF CARTERSVILLE BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Cartersville, Georgia Occupation Tax Certificate, Alcohol License or other public benefits as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Cartersville, Georgia Occupational Tax Certificate, Alcohol License or other public benefit (circle one) for

Barbara Hoffman
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]
Recovery Bartow, Inc. [Name of business, corporation, partnership]
1) I am a United States citizen
2) X I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia. Signature of Applicant: Date
Barbara Hoffman Printed Name:
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ON THIS THE ON THE HADien Registration number for non-citizens Notary Public My Commission Expires: ON TARY *Note: O.C.G.A. § 50-36-1(e)(2) requires the disposanter the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their allernog stration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien

registration number. Qualified aliens that do not have an alien registration number may supply another

identifying number below: