HALL COUNTY
GEORGIA
We have it all in Hall

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ASSISTANT FINANCE DIRECTOR
Elizabeth White

PURCHASING MANAGER
Andrew Youngblood

Hall County Government

FINANCIAL SERVICES
PURCHASING DIVISION

EXHIBIT E – MANDATORY E-VERIFY AFFIDAVIT

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

A. The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program; and,

B. The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof; and,

C. The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof; and,

D. The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of contract; and,

E. The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c); and,

F. The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and,

G. Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five (5) business days of receipt.

_____ _____
Federal Work Authorization User ID Number Date of Authorization

_____
Name of Contractor

RFQ/P #47-019 Hall County Jail Complete Roof Replacement
Name of Project

Name of Public Employer: Hall County, Georgia

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 2026 in _____ (city), _____ (state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

Subscribed and sworn before me on this the _____ day of _____, 2026.

Notary Public: _____

Print Name: _____

My Commission Expires: _____