

## ALABAMA WORKFORCE INVESTMENT SYSTEM

Alabama Department of Economic and Community Affairs  
Workforce Development Division  
401 Adams Avenue  
Post Office 5690  
Montgomery, Alabama 36103-5690

### GOVERNOR'S WORKFORCE INNOVATION DIRECTIVE NO. PY 2015-01

**SUBJECT:** *Workforce Innovation and Opportunity Act Relocation Assistance Guidelines*

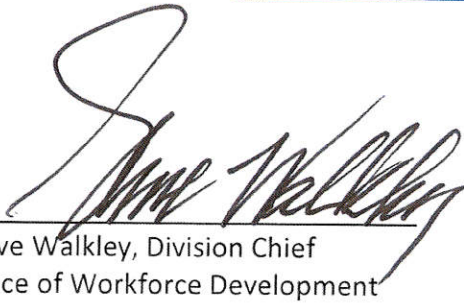
**1. Purpose.** This Directive transmits the *Workforce Investment Act Relocation Assistance Guidelines*.

**2. Discussion.** With the passage of the Workforce Innovation and Opportunity Act (WIOA) in July 2014, and subsequent repeal of the Workforce Investment Act (WIA) on June 30, 2015, it is necessary to revise our guidelines for relocation assistance. Under the WIA Implementing Regulations at 20 CFR663.200 (a), relocation assistance was listed as one of the intensive services available for adults and dislocated workers. One of the allowable career services allowed in the WIOA at Section 134(c)(2)(A)(ii)(X) is relocation assistance. The State will continue to pay for relocation assistance on a statewide basis, and local support of the administrative process (completion of the necessary paperwork) is still required.

In order for a person to be eligible for relocation assistance, he/she must be eligible to receive WIOA career services. According to the **(NPRM)** WIOA Implementing Regulations at 20 CFR680.120, to be eligible to receive career services as an adult, an individual must be 18 years of age or older for Adult-funded career services. To be eligible for career center services funded with Dislocated Worker funds, an eligible individual must meet the definition of "dislocated worker" at WIOA Section 3(15) per the **(NPRM)** WIOA Implementing Regulations at 20 CFR680.130(a).

In the case of someone being eligible for relocation services, he/she must have, following receipt of career services, received an offer of permanent long-term employment with a one way commuting distance more than 75 miles from the participant's home. The career services, relocation assistance, is necessary for the participant to accept employment. An adult or dislocated worker, who completes training services, is also eligible for relocation assistance.

3. **Action.** Those who are responsible for providing career services should follow the *Workforce Innovation and Opportunity Act Relocation Assistance Guidelines* in regard to providing relocation assistance.
4. **Contact.** Questions regarding this Directive should be referred to Bill Hornsby, Supervisor, Workforce Development Division, State Programs and Divisional Budget Management Section at (334) 242-5847 or E-mail: [bill.hornsby@adeca.alabama.gov](mailto:bill.hornsby@adeca.alabama.gov) through September 30, 2015. As of October 1, 2015 and thereafter, the E-mail address is: [bill.hornsby@commerce.alabama.gov](mailto:bill.hornsby@commerce.alabama.gov).



Steve Walkley, Division Chief  
Office of Workforce Development

2/17/2015  
Date

Attachments:  
- Relocation Assistance Guidelines and Exhibits

# **WORKFORCE INNOVATION and OPPORTUNITY ACT (WIOA)**

## **RELOCATION ASSISTANCE GUIDELINES**



**ALABAMA DEPARTMENT OF COMMERCE  
WORKFORCE DEVELOPMENT DIVISION**

**REVISED JULY 2015**

## RELOCATION ASSISTANCE GUIDELINES

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## RELOCATION ASSISTANCE GUIDELINES

### I. GENERAL

These guidelines are designed to assist the local One-Stop operators in providing relocation assistance to those who are eligible for and seeking such services. These guidelines are effective as of July 1, 2015. In accordance with 29 CFR200.105, all other program manuals, handbooks, and other non-regulatory materials, which are inconsistent with these guidelines, are superseded, except to the extent that they are required by statute.

### II. AUTHORITY

In accordance with the Workforce Innovation and Opportunity Act (WIOA) relocation assistance is one of the allowable career services for adults and dislocated workers. According to the (**NPRM**) WIOA Implementing Regulations at 20 CFR680.120, to be eligible to receive career services as an adult, an individual must be 18 years of age or older for Adult-funded career services. To be eligible for career center services funded with Dislocated Worker funds, an eligible individual must meet the definition of “dislocated worker” at WIOA Section 3(15) per the (**NPRM**) WIOA Implementing Regulations at 20 CFR680.130(a).

Relocation assistance is provided through Workforce Innovation and Opportunity Act (WIOA), Title IB, Governor’s Set Aside funding for participants in need of assistance to accept employment in another location. It is intended to serve those eligible adults and dislocated workers who are unable to find suitable employment in the local area. At a minimum, the relocation employment should lead to “self-sufficiency as addressed in the (**NPRM**) at 20 CFR680.210(a)(1) and (2). Such assistance will not be extended to participants who are transferring to another employment location while remaining with their present employer. In regard to relocation assistance, career services will have resulted in a written offer of employment, but the individual requires career services (relocation assistance) in order to accept the job. An adult or dislocated worker who completes training services is also eligible for relocation assistance if the other requirements for relocation assistance are met.

As noted above, a person must be eligible for these services and be properly enrolled into the WIOA Relocation Assistance Project. Copies of enrollment and exit (after the move is completed) documents should be submitted as detailed later in this policy. However, enrollments and exits should be handled in the same manner as for other participants who receive career services.

Applicants should be encouraged to seek relocation assistance from other sources (such as the Trade Act if eligible for Trade Act services) before applying for WIOA assistance.

Relocation assistance (up to a maximum of \$3,500 for actual moving expenses) that has not been paid from other sources may be provided to assist qualified participants in moving within Alabama or to another part of the United States. This means that if an employer (or other source) pays all of the moving costs, then WIOA pays none. If an employer (or other source) pays only part of the costs, then WIOA will pay the difference up to \$3,500 (State Policy).

The Alabama Department of Commerce nor any of the enrolling agencies accept any liability for any participant's or moving service's damaged, lost, stolen property, etc. related to relocation assistance.

### III. QUALIFICATIONS

To qualify for this assistance, **the participant must meet all of the following criteria. Written documentation must be maintained and submitted by the enrolling agency:**

- Be eligible for WIOA Title I-funded services, as evidenced by the completed Eligibility/Registration Form and Activity/Service Record; and
  - (1) The participant cannot obtain self-sufficient employment within the commuting area. The commuting area is a seventy-five (75) mile-radius or less of the participant's place of residence. The enrolling agency representative's written justification will serve as documentation; and
  - (2) The participant has secured self-sufficient long-duration employment outside the commuting area (over 75 miles from the participant's residence). This must be documented by the new employer's letter of verification of employment. The participant will be enrolled under the relocation assistance project number.

### IV. RELOCATION ASSISTANCE REQUEST

The enrolling agency's representative will submit the Relocation Assistance Request Form, WDD-16 Relocation (Revised 7/15), Exhibit A, accompanied by a hiring letter from the new employer to the WDD-State Programs and Divisional Budget Management Section **at least ten (10) calendar days before the move**. If a person has moved prior to making application for WIOA relocation assistance, then no relocation expenses will be paid. Every effort will be made so that the enrolling agency's representative will be notified of approval or disapproval of said request at least five (5) days before the move. Submit the Relocation Assistance Request Form, WDD-16 Relocation, (Exhibit A), according to the printed instructions on the back of the form.

## V. MOVING SERVICES

Household goods may be moved for the participant by either of the following methods:

- a. a bona fide moving company, **or**
- b. the participant, using equipment rented from a bona fide self-moving service (U-haul, Ryder, etc.).

In either event, estimates must be obtained from three (3) bona fide moving companies **or** three (3) self-moving services, as applicable. If estimates cannot be obtained from at least three of the same type of moving services, then written justification must be provided for less than three estimates. (See below.) Justifiable situations, in which the enrolling agency would select a bidder other than the lowest, would be:

- The lowest bidder cannot carry out the move within acceptable time frames.
- The lowest bidder will not accept payments on a reimbursement basis, and the participant does not have the funds to pay for the move.
- The lowest bidder does not have all the necessary equipment required for the move; i.e., a tow buggy for a vehicle, etc. (Rarely should this be used.)

**If the lowest estimate is not selected, the enrolling agency must document justification for the selection.**

If three moving companies or three self-moving services are not located within a participant's commuting area (75 miles or less), the participant is not required to solicit bids from others outside their commuting area. However, it is the enrolling agency's responsibility to retain documentation supporting the fact that this situation does exist and to provide copies of such with the Relocation Assistance Request Form, WDD-16 Relocation, (Exhibit A).

The participant, who uses equipment rented from a self-moving service to relocate household goods, may submit receipts for costs incurred for associated fuel and oil **for the vehicle used for the move only**. The participant may also submit receipts for other related moving expenses such as boxes and packing materials provided these expenses are incurred with the same bona fide moving service. Gasoline or diesel fuel for other vehicles is not reimbursable. The cost of food and lodging are not reimbursable. Also, deposits on equipment necessary for the move are not reimbursable, as the person being moved should get his/her deposits back upon turning in the equipment to the moving company. If necessary, the hiring of a truck driver may be allowable.

When the participant's primary residence is a manufactured home and the participant desires to move the manufactured home instead, the same requirements must be met as those of moving household goods; that is, three bids must be secured from bona fide manufactured home movers before the move. Maximum reimbursement for moving a

manufactured home is \$3,500.00. Manufactured home tires or tire repairs are **not** reimbursable costs.

## **VI. PAYMENT AUTHORIZATION**

Once the participant has been determined eligible for the program and the relocation completed, then **submit the following forms to the WDD-State Programs and Divisional Budget Management Section.**

- **Claim for Relocation Expenses, Form WDD-18 Relocation, (Exhibit B), (one copy).**
- **The Subrecipient's Invoice Report, Form WDD-9 Subrecipient's Invoice Report, (Exhibit C), (two copies).**
- **The bona fide cost estimates from a self-moving service or from moving companies (3 estimates).**
- **Actual invoice from the mover or self-moving company for the services or unit rental and invoices for fuel, gasoline, etc. used in a self-moving vehicle. (The invoice from the mover or self-moving company must indicate that payment has been made to the mover or self-moving company if reimbursement goes to the participant.)**
- **One copy of the Federal Form W-9 Request for Taxpayer Identification Number and Certification. The most current version of the Request for Taxpayer Identification Number and Certification can be found at [www.irs.gov](http://www.irs.gov).**

The enrolling agency will take a positive outcome for a participant in the relocation assistance program upon successful completion of the move and the submission of all-appropriate documentation, reimbursement requests, etc.

### **a. Claim for Relocation Expenses**

Reimbursement will be mailed directly to the participant or to the moving company, as directed by the participant on the Claim for Relocation Expenses, WDD-18 Relocation, Exhibit B. If the relocation payment is to be made directly to the moving company, the person relocated, the enrolling agency's representative, and the mover must sign this form. All signatures should be original on all copies submitted. The supporting documentation to include the invoice and the three cost estimates (or if not three, then justification as to the situation) solicited before the move, must be attached. Complete the form and submit according to the printed directions on the back of the form.

In **addition**, the enrolling agency should exit these participants in the same manner as for other participants who receive career services and subsequently enter unsubsidized employment.



DATE

PROJECT NUMBER

RELOCATION ASSISTANCE REQUEST FORM

NAME \_\_\_\_\_

GOODS TO BE MOVED TO: \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SS# \_\_\_\_\_

APPROXIMATE DATE OF MOVE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

-----

Person to be Relocated

(Submit at least 10 days Prior to move)

ENROLLING AGENCY:

I hereby certify that this participant meets the criteria listed below and that written documentation is being submitted to verify each eligibility criterion:

1. Meets all WIOA Title I Dislocated Worker or Adult eligibility criteria as documented on the WDD-1A attached.
2. The individual cannot obtain suitable employment within the individual's commuting area (75-mile radius from his/her residence). Copies of documentation attached.
3. The individual has secured long-duration employment, outside commuting distance. **A copy of documentation is attached.**

Signed: \_\_\_\_\_  
Enrolling Agency Representative

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Approval: \_\_\_\_\_  
Division Director, WDD

\_\_\_\_\_ Date

UPON APPROVAL, AN APPROVED COPY WILL BE RETURNED TO THE ENROLLING AGENCY WITH PROJECT NUMBER

**Instructions for Relocation Assistance Request From  
(Back of WDD-16 Relocation Form)**

Relocation assistance is provided through WIOA Title I Governor's Set Aside funding for eligible dislocated workers and adults in need of assistance to accept employment in another location. It is intended to serve those eligible individuals who are unable to find suitable employment in the local area. Such assistance will not be extended participants who are transferring to another employment location while remaining with their present employer. Applicants should be encouraged to seek relocation assistance from other sources before applying for WIOA assistance. Relocation assistance, up to a maximum of \$3,500 of documented allowable expenses, may be reimbursed for actual moving expenses that have not been paid from other sources such as by the employer, Trade Act, etc.

Eligible Relocation Assistance participants include any participant who is eligible to receive services under the WIOA. The enrolling agency is responsible for certifying that the participant meets the eligibility criteria, and for ensuring that **all supporting documentation is attached** and the appropriate signatures are obtained. The Project Number will be assigned by the Workforce Development Division, State Programs and Divisional Budget Management Section upon approval.

Submit the Relocation Assistance Request Form, at least 10 days before the move is scheduled. The original form with original signatures is to be sent to the following address:

**Through September 30, 2015**

**SEND TO:           ADECA-Workforce Development Division  
                          State Programs and Divisional Budget Management Section  
                          ATTN: Relocation Assistance  
                          Post Office Box 5690  
                          Montgomery, AL 36103-5690**

**As of October 1, 2015 (and thereafter)**

**SEND TO:           Alabama Department of Commerce  
                          Workforce Development Division  
                          Post Office Box 304106  
                          Montgomery, Alabama 36130-4106**

A copy should be maintained by the originating enrolling agency.

Every effort will be made to return the approved request to the enrolling agency approximately 5 days prior to the move. **This will serve as notice of the authorization of Relocation Assistance and will provide the Project Number for this effort.**

**CLAIM FOR RELOCATION EXPENSES** Project Number \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**GOODS MOVED FROM:**

**GOODS TO BE MOVED TO:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Name of Mover

\_\_\_\_\_  
Mover's Street Address

\_\_\_\_\_  
City/State/Zip

Total Relocation Expenses \$ \_\_\_\_\_

Less Amount Reimbursed From Other Sources \$ \_\_\_\_\_

Net Amount of which WIOA will Reimburse up to \$1,250 \$ \_\_\_\_\_

Amount for WIOA Claim (Not to exceed \$1,250) \$ \_\_\_\_\_

I hereby certify that the above named participant is being relocated under the Regulations and Procedures set forth in the Workforce Innovation and Opportunity Act and meets all eligibility requirements to receive assistance in Relocation. I further certify that the services covered by this invoice **have been received**, and the amount is **correct**. Payment shall be actual non-reimbursed costs, not to exceed \$3,500. Attached is the invoice and three (3) cost estimates from carriers solicited before the move.

Signed: \_\_\_\_\_  
**Person Relocated** Date \_\_\_\_\_

Approved: \_\_\_\_\_  
**Enrolling Agency Representative** Date \_\_\_\_\_

APPROVAL: \_\_\_\_\_  
**WDD Division Director** Date \_\_\_\_\_

**RELOCATION PAYMENT TO BE MADE PAYABLE TO:**

**IF PAYMENT IS MADE TO MOVER, PLEASE SIGN BELOW:**

\_\_\_\_\_  
Name

I certify that this invoice represents services provided, and this Invoice is correct, due, and unpaid.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Mover/Date

\_\_\_\_\_  
City/State/Zip

**Instructions For Filing Claim For Relocation Expense  
(Back of Form WDD-18 Relocation)**

Claims for relocation expenses **shall be actual costs, not to exceed \$3,500.00** for actual moving expense that have not been paid from any **other** sources.

The enrolling agency is responsible for certifying that the participant meets the eligibility criteria and is to ensure the appropriate signatures are affixed. In addition, the enrolling agency is to make sure that **the supporting documentation, the invoice and the three cost estimates** (or if not three then, justification as to the situation) **solicited before the move, must be attached.**

This form is to be completed by the enrolling agency representative, and must include:

- a) the invoice from the moving company/self-moving service;
- b) copies of **three** (3) cost estimates from moving companies or self-moving services solicited prior to the move; **and**
- c) written justification if the lowest estimate was not chosen.

Payments may be made directly to the moving company/self-moving service **or** directly to the participant. If payment is to be made to the moving company/self-moving service, then the certification must be signed by the mover/self-moving service representative. The participant must sign the claim in either case.

**All signatures should be original on each copy submitted.**

The original form, and (1) one copy, with original signatures (plus attachments) is to be sent to the following address:

**Through September 30, 2015**

**SEND TO:           ADECA-Workforce Development Division  
                          State Programs and Divisional Budget Management Section  
                          ATTN: Relocation Assistance  
                          Post Office Box 5690  
                          Montgomery, AL 36103-5690**

**As of October 1, 2015 (and thereafter)**

**SEND TO:           Alabama Department of Commerce  
                          Workforce Development Division  
                          Post Office Box 304106  
                          Montgomery, Alabama 36130-4106**

A copy must be maintained by the originating enrolling agency.

**SUB-RECIPIENT'S INVOICE**

**EXHIBIT C**

<b>1. Name and Address of Sub-recipient</b>		<b>3. Agreement No.</b>				
		<b>4. Invoice No.</b>				
		<b>2. Fed. I.D.#</b>	<b>5. Reporting Period of Invoice</b>			
<b>6. Agreement Amount</b>	<b>7. Total Cash Requested through Previous Invoice</b>		<b>8. Balance Available</b>			
			\$ -			
<b>9. Total Expenditures of Prior Periods</b>			<b>Total Program Cost</b>			
			\$ -			
			<b>10. Actual Expenditures This Period</b>		\$ -	
			<b>11. Total Expenditures To Date</b>		\$ -	
			<b>12. Total Cash Requested through Previous Invoice</b>		\$ -	
<b>13. Amount Requested</b>						
<p>I HEREBY CERTIFY THAT (a) the Workforce Development Division has not been billed for the services covered by this invoice; (b) funds have not been received from the said WDD or expended for such services under any other agreement or grant; (c) the amount(s) claimed by this invoice constitute(s) allowable costs/expenditures under the terms of the agreement or grant; (d) all amounts for Federal Income, Unemployment, and FICA Taxes due through the end of the preceding quarter have been paid and; (e) that subcontractors have furnished evidence of attaining an Employer Identification (EI) number and are complying with applicable tax laws. Any advance of federal funds drawn down by either advance or a working capital advance and not disbursed with thirty days from the date of the advance must be refunded to the funding agency (State Policy).</p> <p align="center"><b>Please use blue ink to sign.</b></p>						
<b>14. Sub-recipient's Authorized Signature (Blue Ink Required)</b>			<b>15. Title</b>			
<b>17. Contact Person</b>			<b>18. Title</b>			
			<b>16. Date</b>			
			<b>19. Telephone No.</b>			

\_\_\_\_\_  
Workforce Development Division/Date

\_\_\_\_\_  
Administrative Division/Date

SUBMIT IN DUPLICATE TO:  
Through September 30 2015

Accounting Use Only:

Workforce Development Division  
State Programs and Divisional Budget Mgt Section  
Post Office Box 5690  
Montgomery, AL 36103-5690

Warrant No. \_\_\_\_\_  
Warrant Date \_\_\_\_\_  
Voucher No. \_\_\_\_\_

SUMBIT IN DUPLICATE TO:  
As of October 1, 2015 (and thereafter)

Alabama Department of Commerce  
Workforce Development Division  
Post Office Box 304106  
Montgomery, Alabama 36130-4106

Posted to Computer:  
Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

**SUBRECIPIENT'S INVOICE REPORT WDD-9**  
Instructions for Title I Relocation Assistance—**ONLY**

The **Enrolling Agency** should complete the following information on the Subrecipient's Expenditure Report, WDD-9:

**Item 1.** Name/Address of the Subrecipient—The individual for whom expenses are to be reimbursed or the moving company, if the participant chooses the reimbursement go directly to the moving company.

**Item 2.** The subrecipient's Social Security Number. The company's Federal ID number will replace the Social Security Number if payment goes to the moving company.

**Item 3.** Agreement Number – Relocation Assistance Project Number, as assigned by State staff, on the **approved** Relocation Assistance Request Form (WDD-16 Relocation) returned to the enrolling agency.

**Item 17.** Contact Person—Original signature of the enrolling agency's representative. **All** signatures should be **original** on **each** of the two (2) copies submitted.

**Item 18.** Title—of the enrolling agency's representative.

**Item 19.** Telephone Number—of contact person.

The participant or moving company should complete the following information on the Subrecipient's Invoice Report, WDD-9:

**Item 14.** Subrecipient's (Participant's) Signature—**All** signatures should be **original** on **each** of the two (2) copies submitted. If the moving company is to be reimbursed, then the company's authorized representative's signature is needed here.

**Item 16.** Date—of signature.

The remainder of the form will be completed by Relocation Assistance Staff of the Workforce Development Division, State Programs and Divisional Budget Management Section. Please submit this form, in duplicate with original signatures, along with:

- Claim for Relocation Expenses, form (WDD-18 Relocation)

State of Alabama )

County of Montgomery )

CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)

DATE: \_\_\_\_\_

RE: Contract/Grant/Incentive (describe by number or subject):

\_\_\_\_\_ by and between  
\_\_\_\_\_ (Contractor/Grantee) and  
\_\_\_\_\_ (State Agency, Department, or Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of \_\_\_\_\_ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".

2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

**BUSINESS ENTITY**

Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business Entity" shall include, but not be limited to the following:

a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.

b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.

**EMPLOYER**

Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

\_\_\_\_\_ (a) The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.  
\_\_\_\_\_ (b) The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;

4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name of Contractor/Grantee/Recipient

By: \_\_\_\_\_

Its \_\_\_\_\_

The above Certification was signed in my presence by the person whose name appears above, on this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Witness

## IMPORTANT ACTION REQUIRED – ALABAMA IMMIGRATION LAW

Compliance Guideline for Sections 9(a) and (b) of Act 2011-535, Affecting Payments on Contracts, Grants, and Incentives awarded January 1, 2012, and thereafter.

When processing payment vouchers, this office is charged with determining the legality of the payment. Legality includes compliance with the conditions to payment that are established by law.

Act 2011-535, entitled the “Beason-Hammon Alabama Taxpayer and Citizen Protection Act” and codified at §31-13-1 et seq. of the Code of Alabama, 1975, as amended (“the Act” or “the immigration law”) imposes conditions on the award of State contracts, grants and incentives which must be satisfied before payment can be made on those transactions.

§31-13-9 establishes specific conditions for certain contracts. This section is effective as of January 1, 2012. It applies to contracts, grants or incentives of the state, any political subdivision of the state or any state-funded where the co-party is a “business entity or employer”. (See §31-13-3 for the meaning of these terms as defined for the purpose of this law.)

§31-13-9(a) requires: “[a]s a condition for the **award** (emphasis provided) of any contract, grant, or incentive by the state, any political subdivision thereof, or any state-funded entity to a business entity or employer... the business entity or employer shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien and shall attest to such, by sworn affidavit signed before a notary.” (Emphasis added.)

§31-13-9(b) conditions the award of a contract, grant or incentive to a business entity or employer upon that entity being enrolled in the E-Verify program maintained by the United States Department of Homeland Security. (E-Verify enrollment is available at the website of DHS or at the E-Verify portal available through <http://immigration.alabama.gov> maintained by the Alabama Department of Homeland Security.)

For the purposes of this law, “award” is understood to be the action taken as the result of a formal procurement process that results in an “award”, such as an Invitation To Bid or a Request For Proposals.

### Awarded Contracts

Effective immediately, when a contract is submitted to this office for approval there must be §31-13-9(a) and (b) compliance established by including with the contract documents the following additional documents:

(1) a copy of the affidavit required by §31-13-9(a) that has been provided by the contractor, using the form prescribed by the Alabama Secretary of State (a copy of this affidavit form is attached to this memorandum); and

(2) a complete copy of the E-Verify Memorandum of Understanding (MOU), which is generated when the business entity or employer enrolls in that program, bearing the number assigned to that MOU by Homeland Security. These two documents are in addition to other documents required by this office, including the forms prescribed by the Contract Review Permanent Legislative Oversight Committee if the contract is for professional or personal services.



### **Payments On Grants or Incentives**

Effective immediately, before a warrant for payment due under a grant or incentive can be issued by this office there must be §31-13-9(a) and (b) compliance established by including a certification on the payment voucher submitted to this office that certifies the following documents have been obtained and are on file with the agency:

(1) the affidavit required by §31-13-9(a) that has been provided by the contractor, using the form prescribed by the Alabama Secretary of State (a copy of this affidavit form is attached to this memorandum); and

(2) a completed copy of the E-Verify Memorandum of Understanding (MOU), which is generated when the business entity or employer enrolls in that program, bearing the number assigned to that MOU by Homeland Security.

The required certification must be as follows:

The undersigned hereby certifies that the transaction under which this payment is requested is subject to the requirements of §31-13-9(a) and (b), *Code of Alabama, 1975*, as amended and the proper documentation is on file in the agency.

### **Payments to Governmental Entities**

Intergovernmental Agreements are not subject to *Code Sections 31-13-9(a) and (b)*, as they are not awarded. These agreements are limited to agreements between departments, agencies, instrumentalities of the State, or other governmental entities.

### **Payments For Goods or Services Not Procured Under Awarded Contract, Grant or Incentive, By Purchase Order or Interagency Agreements**

Payments for goods and/or services not covered by a written contract or purchase order are typically purchases of less than \$500. As long as the transaction is not the result of a formal procurement process that results in an "award", § 9(a) and (b) requirements do not apply. Therefore the § 9(a) affidavit and the (b) E-Verify MOU do not have to be submitted with the payment voucher.

However, the payment voucher must include the following certification by the agency:

The undersigned hereby certifies that the transaction under which this payment is requested is not subject to the requirements of §31-13-9(a) and (b), *Code of Alabama, 1975*, as amended.



# U.S. Citizenship and Immigration Services

## EXHIBIT E

### E-Verify

U.S. law requires companies to employ only individuals who may legally work in the United States – either U.S. citizens, or foreign citizens who have the necessary authorization. This diverse workforce contributes greatly to the vibrancy and strength of our economy, but that same strength also attracts unauthorized employment.

E-Verify is an Internet-based system that allows businesses to determine the eligibility of their employees to work in the United States. E-Verify is fast, free and easy to use – and it's the best way employers can ensure a legal workforce.

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A fast, easy way to maintain a legal workforce.

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