Business Funding & Incentives

#### REPORTING CERTIFICATION

The statute (CRS: 24-46-105.1,2) states: "The progress report submitted to the commission shall include a signed certification by the private person who received the grant or loan or, if the recipient is a private entity, the chief officer of the entity that received the grant or loan as to the accuracy of the progress report."

By initialing below, I certify that the documentation supplied by this company such as a progress report, including the Baseline (if applicable) and Annual Report, financial information, or reimbursement backup documentation submitted to OEDIT regarding a Strategic Fund Grant or Initiate is accurate and complete to the best of our ability.

By initialing	below,	I also	attest	that I	am a	C-Level	employee	and am	authorized	to sign	on	behalf	of my
company.													
Initial to	certify	the ab	ove						_				

#### LEGAL TO WORK IN THE UNITED STATES CERTIFICATION

Per statute (CRS 24-46-105.3), a section about compliance with federal law, all companies that are recipients of economic development incentives "shall be in compliance with the provisions of 8 U.S.C. sec. 1324a in order to be eligible to receive such economic development incentive" (i.e. each employee is legal to work in the United States). By signing this document, we certify that "each employee employed by the employer within the United States is a United States citizen or, if not a United States citizen, is lawfully present in the state and authorized to work".

Form I-9, Employment Eligibility Verification, is a form that U.S. employers use to verify the identity and employment authorization of new hires. Retain original paper or electronic copies of the form for current employees. Retain copies of the form for former employees for at least three years from the first day of employment or one year from the end of employment.

Ву	initialing	below,	lalso	attest	that I	am a	C-Level	executive	and am	authorized	to sign	on	behalf	of my
con	npany.													
										_				
	Initial to	certify t	he ab	ove										

Business Funding & Incentives

## CERTIFICATION OF HEALTH, SAFETY, AND WORKING CONDITIONS

We, as recipients of financial assistance from the Colorado Economic Development Commission, understand the following statutory statement:

The statute (CRS 24-46-105 (4)(a)(III)(A and B)) states that the commission may "award a grant or loan... only if the person or entity... has not been adjudicated to be in violation of any federal, state, or local laws affecting the health, safety, or working conditions of employees for at least the prior five years, as certified by the person or entity; or... has been adjudicated to be in violation of federal, state, or local law affecting the health, safety, or working conditions of employees within five years of applying for a grant or loan pursuant to this section, but can provide evidence to the commission that it has corrected the violation or has taken steps to correct the violation and can provide an estimated date by which the violation will be corrected."

We certify that our company has not been adjudicated to be in violation of any federal, state, or local laws affecting the health, safety, or working conditions of employees for at least the prior five years.

If the company has been adjudicated to be in violation of any federal, state, or local laws affecting the health, safety, or working conditions of employees within the prior five years, below are the steps we have taken to correct the violation along with an estimated date by which the violation will be (or has been) corrected.

Insert Explanation of violation here:	
By initialing below, I also attest that I am a C-Level executive and am authorized to sign on behalf of n	าง
company.	·y
Initial to certify the above	

### **CERTIFICATIONS SIGNATURE FORM**

By Signing below, I attest that I have read, certified, and initialed the Reporting Certification, the Legal to Work in the United State Certification, and the Certification of Health, Safety, and Working Conditions, forms above. By signing below, I also attest that I am a C-Level executive and am authorized to sign on behalf of my company.

Legal Name of Business:	 
Signature:	 
Name:	
Name.	
Title/Capacity (C-Level)	 
Business Address:	 
Business Phone Number:	 
Date:	 



# **Employment Eligibility Verification**

### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047 Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the <a href="Instructions">Instructions</a>.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

,		5 1	,	,		, 5		,	3 , 3	
Section 1. Employee day of employment,				ees must compl	ete and si	gn Section	n 1 of Fo	rm I-9 nc	later than the <b>first</b>	
Last Name (Family Name)		First Name	(Given Name)		Middle Initia	al (if any)	Other Last I	Names Use	d (if any)	
Address (Street Number an	d Name)	A	ot. Number (if a	any) City or Town		ļ		State	ZIP Code	
Date of Birth (mm/dd/yyyy)	U.S. Soc	cial Security Number	Emplo	yee's Email Address	3			Employee's	Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):  1. A citizen of the United States  2. A noncitizen national of the United States (See Instructions.)  3. A lawful permanent resident (Enter USCIS or A-Number.)								
of perjury, that this inf including my selection	ormation, of the box	4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)  If you check <b>Item Number 4.</b> , enter one of these:								
attesting to my citizen immigration status, is correct.		USCIS A-Num		Form I-94 Admissio	n Number	OR Forei	gn Passpor	t Number a	r and Country of Issuance	
Signature of Employee					Tod	lay's Date (r	mm/dd/yyyy)	)		
If a preparer and/or tr	anslator assist	ed you in completir	ng Section 1,	that person MUST	complete th	e <u>Preparer</u>	and/or Tra	nslator Cer	rtification on Page 3.	
Section 2. Employer business days after the e authorized by the Secreta documentation in the Add	mployee's first arv of DHS, do	t day of employme cumentation from	ent, and must List A OR a	t physically exami combination of do	ne, or exar ocumentation	mine consi on from Lis	stent with st B and Li	d sign <b>Se</b> c an a <b>l</b> terna st C. Ente	ction 2 within three tive procedure er any additional	
		List A	OR	Lis	t B	Al	ND		List C	
Document Title 1										
Issuing Authority										
Document Number (if any)										
Expiration Date (if any)			Addi	itional Information	n .					
Document Title 2 (if any)			Addi	aronar imormatic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Issuing Authority										
Document Number (if any)										
Expiration Date (if any)  Document Title 3 (if any)										
Issuing Authority										
Document Number (if any)										
Expiration Date (if any)				heck here if you use	ed an alterna	itive procedi	ure authoriz	ed by DHS	to examine documents.	
Certification: I attest, unde employee, (2) the above-lis best of my knowledge, the	ted documenta	tion appears to be	genuine and t	to relate to the emp				First Day (mm/dd/y	of Employment yyy):	
Last Name, First Name and	Title of Employe	r or Authorized Repro	esentative	Signature of Em	oloyer or Aut	thorized Rep	oresentative		Гoday's Date (mm/dd/yyyy)	
Employer's Business or Orga	anization Name		Employer's E	L Business or Organiz	ation Addres	ss, City or To	own, State,	ZIP Code		

# LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A  Documents that Establish Both Identity and Employment Authorization	OR	LIST B  Documents that Establish Identity AN	LIST C  Documents that Establish Employment Authorization
<ol> <li>U.S. Passport or U.S. Passport Card</li> <li>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>Employment Authorization Document that contains a photograph (Form I-766)</li> <li>For an individual temporarily authorized to work for a specific employer because of his or her status or parole:         <ol> <li>Form I-94 or Form I-94A that has the following:</li> <li>The same name as the passport; and</li> <li>An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> <li>Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States</li> </ol>		<ol> <li>Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>School ID card with a photograph</li> <li>Voter's registration card</li> <li>U.S. Military card or draft record</li> <li>Military dependent's ID card</li> <li>U.S. Coast Guard Merchant Mariner Card</li> <li>Native American tribal document</li> <li>Driver's license issued by a Canadian government authority</li> <li>For persons under age 18 who are unable to present a document listed above:</li> <li>Clinic, doctor, or hospital record</li> <li>Day-care or nursery school record</li> </ol>	<ol> <li>A Social Security Account Number card, unless the card includes one of the following restrictions:         <ol> <li>NOT VALID FOR EMPLOYMENT</li> <li>VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>Native American tribal document</li> <li>U.S. Citizen ID Card (Form I-197)</li> <li>Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>Employment authorization document issued by the Department of Homeland Security</li> <li>For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</li> <li>The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</li> </ol>
May be prese		Acceptable Receipts  d in lieu of a document listed above for a t For receipt validity dates, see the M-274.	emporary period.
<ul> <li>Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

<sup>\*</sup>Refer to the Employment Authorization Extensions page on <u>I-9 Central</u> for more information.

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