Office of the Governor – Public Safety Office
Certification of Compliance with Foreign National Vetting Requirements

This form must be completed by the Authorized Official and submitted to the Governor's Public Safety Office prior to requesting reimbursement for personnel costs charged to the grant. **Do not** submit Form I-9 documentation, biographies, résumés, or other supporting materials that may contain personally identifiable or other sensitive information with this certification. These records must be maintained by the entity and provided to FEMA or the Governor's Public Safety Office only upon request.

Entity Name: Hidalgo Co. Constable Pct. 3 **Date:** 9/21/2026

Name Of Authorized Official: Richard F. Cortez

Grant Number: 3174911

Certification Required by Authorized Official

1. ***Employment Eligibility Verification:*** *My entity retains completed Form I-9, Employee Eligibility Verification, documentation for all employees whose personnel or fringe costs are charged directly to the federal award, consistent with the Immigration Reform and Control Act of 1986 and 8 C.F.R. Part 274a.* ☑ Yes ☐ No
2. ***No Foreign Nationals (if applicable):*** *My entity certifies that all personnel charged to the subaward are U.S. citizens or nationals and that the vetting requirements related to foreign nationals do not apply.* ☐ Yes ☐ No ☑ N/A
3. ***Foreign Nationals Charged to the Award (if applicable):*** *My entity certifies that such individual has been properly vetted in accordance with federal employment eligibility requirements, and that form I-9 documentation is on file.* ☑ Yes ☐ No ☐ N/A
4. ***Documentation and Record Retention:***
   - *All vetting records, Form I-9 documentation, short bios, resumes, and other supporting materials referenced in this certification are retained by my entity in accordance with federal statutes, regulations, award record retention requirements, and applicable laws.*
   - *Such documentation will be maintained in a manner consistent with privacy protections and made available to FEMA only upon request during monitoring or audit.* ☑ Yes ☐ No
   - *My entity maintains organizational leadership and board member information on file and will provide it to the recipient upon request.*

Attestation:
I, _____(Authorized Official Name), certify that, to the best of my knowledge and belief, the information provided in this certification is accurate and complete. Hidalgo County Human Resources *(Entity Name) attests that vetting has been conducted consistent with federal grant requirements, and that subrecipient compliance has been verified.*

_____
Signature
Authorized Official for Entity