

**Verification of Professional Services Eligibility**

*Date Received by State* \_\_\_\_\_

**24 CFR 85.35**

1. Request for Clearance of Professional Services is hereby made by: \_\_\_\_\_

Name of Grantee \_\_\_\_\_

LCDBG Contract Number \_\_\_\_\_

2. Identification of the professional firm for which clearance is requested: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

3. Name of the principles of the firm and their title/position are as follows.

(Complete names preferred: Example—John Buford Brown is preferable to John Brown)

Name of Principals	Title(s)
_____	_____
_____	_____
_____	_____

4. Description of professional services? \_\_\_\_\_

5. Signed: \_\_\_\_\_ Date \_\_\_\_\_  
City/Parish CEO or Representative

6. (To be completed by the Office of Community Development)

Upon receipt, OCD will determine eligibility status, complete and fax or mail the form to the Grantee.

Professional firm cleared: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

Signature, State's LCO: \_\_\_\_\_

Faxed or Mailed To: \_\_\_\_\_

Comments: \_\_\_\_\_