

B-5: VERIFICATION OF WAGE DECISION(S) AND CONTRACTOR ELIGIBILITY

Verification of Wage Decision(s) & Contractor Eligibility		
Please Note: Verifications must be obtained prior to award of contract		
1.	Grantee Name	
2.	LCDBG Contract Number	
3.	Parish	
4.	Bid Opening Date	
5.	Description of work covered by the bid package	
<ul style="list-style-type: none"> • Identification of wage decision(s) made part of the bid package whether by initial inclusion in bid document or by addendum. Example: LA 08 0014, Mod 0, 2/8/08 		
6.	Decision Number(s)	
7.	Modification Number(s)	
8.	Issue Date(s)	
<ul style="list-style-type: none"> • Identification of the prime contractor and principals of the firm. 		
9.	Prime Contractor Name	
10.	Address	
11.	City	
12.	State	
13.	Zip Code	
14.	Contractor Phone Number	
15.	DUNS Number of Prime	
16.	Enter the name of each principal below	Enter the title of each principal
17.		
18.		
19.		
20.	Anticipated Number of Subcontractors:	DUNS Number of Subcontractor(s)
21.		
22.		
23.	Grantee's Labor Compliance Officer (Signature or name)	
24.	Upon verification send to: (email address or fax #)	
25.	Date of this request	
<ul style="list-style-type: none"> • State Use Only: Initials & dates below indicate verification by OCD 		
26.	Wage decision(s) above verified by (Signature, date) (Valid only if awarded within 90 days of bid opening)	
27.	Prime contractor's eligibility verified (Signature, date)	
28.	Verification is hereby sent to (Name of Person)	

Instructions for Verification of Wage Decision & Contractor Eligibility (Exhibit B-5)

Note: This form, as executed by OCD, must be received before the award of a contract.

1-3. Name, Contract #, Parish	Name of grant recipient, LCDBG contract #, Parish.
4. Bid Opening Date	The date construction bids were opened.
5. Description of work covered by the bid package	Describe the work in order to provide information needed for determining the proper Davis-Bacon wage decision(s). Example: Construction of an elevated tank and installation of 3,200 feet of main water line.
6-8. Decision Number(s), Mod numbers(s) & Issue date	The identification of the effective wage decision(s) that was in effect at the bid opening date or if the contract award was delayed more than 90 days the wage decision that was in effect on the date of the contract award.
9-15. Prime Contractor Identification	The legal name of the contracting firm. Address, Phone, DUNS #
16-19 Identification and titles of Principals of the firm	Since the names are checked against a federal database of debarred names, list the complete name if possible. In the case of corporations, "Principals" are owners or office holders as recorded legally. In sole proprietorships or partnerships, "Principals" are the owner(s). Titles or Position: Examples—President, Vice Pres, Secretary.
20-22 Subcontractor(s) Identification	The number of anticipated subs. The legal name of each anticipated sub. DUNS # of each. (If more room is needed, use a separate cover.) If a different sub is added later, forward the information to OCD ASAP.
23. Grantee's LCO	The typed name or the legible signature of the grantee's Labor Compliance Officer.
24. Upon verification send to email address or fax #	The email address or fax # number of the grantee's Labor Compliance Officer or other person to which the executed form should be faxed.
25. Date of this request	The date on which the verification of eligibility is requested. The remainder of the form will be completed by OCD.
26. Wage decision verified Signature and date	The signature of the employee at OCD who verifies the proper decision choice. The verification is valid only if the contract is awarded within 90 days of the bid opening. The form will not be signed on line 26 until the proper wage decision choice(s) has been verified.
27. Prime contractor's eligibility verified Signature, date	The signature of the employee at OCD who verifies the prime contractor's eligibility. The form will not be signed on line 27 until the contractor's eligibility has been verified.
28. Verification is hereby sent to	Name of person designated to receive the scanned email or fax at the address or number specified on row 24.