

Water Sector Program - Prime Contractor Clearance Form

Verification of Prime Contractor Eligibility

Date Received by State _____

2 CFR 200.318 (h)

1. Request for Clearance of Prime Contractor is hereby made by: _____

Name of Grantee _____

Subrecipient No. _____

2. Identification of the contractor for which clearance is requested: _____

Name _____

Address _____

City and State _____

Zip Code _____

Phone Number(s) _____

3. Name of the principals 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. Number of subcontractors anticipated: _____

5. Contractor Unique Entity Identifier No.: _____

6. Signed: _____ Date _____
CEO or Representative

7. (To be completed by the Office of Community Development - Local Government Assistance)
Upon receipt, OCD-LGA will determine eligibility status, complete and send the form to the Grantee.

Contractor cleared: Yes _____ No _____ Date _____

OCD-LGA Signature _____
Faxed/Mailed/Emailed
To _____

Comments: _____