

**A-35: VERIFICATION OF PROFESSIONAL SERVICES ELIGIBILITY**

**Verification of Professional Services Eligibility**

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

**2 CFR 200.318 (h)**

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. DUNS Number: \_\_\_\_\_

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

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

Upon receipt, OCD will determine eligibility status, complete and send the form to the Grantee.

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

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

Faxed/Mailed/Emailed \_\_\_\_\_

To \_\_\_\_\_

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