

SAMPLE VERIFICATION OF PROFESSIONAL SERVICES ELIGIBILITY

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

Name of Grantee _____

DR-CDBG CEA 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/DRU will determine eligibility status, complete and fax or mail the form to the Grantee.

Professional firm cleared: Yes No Date: _____

Signature, OCD/DRU's LCO _____

Faxed or Mailed To _____

Comments: _____

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