

**Water Sector Program - Contractor Clearance Form**

**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 \_\_\_\_\_

Subrecipient No. \_\_\_\_\_

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. Unique Entity Identification No.: \_\_\_\_\_

6. Signed: \_\_\_\_\_  
CEO or Representative

Date \_\_\_\_\_

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.

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

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

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

To \_\_\_\_\_

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