

Verification of Professional Services Eligibility

Date Received by State _____

24 CFR 85.35

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. Signed: _____ Date _____
City/Parish CEO or Representative

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

Upon receipt, OCD will determine eligibility status, complete and fax or mail the form to the Grantee.

Professional firm cleared: Yes _____ No _____ Date _____

Signature, State's LCO _____

Faxed or Mailed To _____

Comments: _____