

A-39: 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: _____