**Certification of Eligibility Form**

**Grantee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This form must be included in all contracts obligated by grantees and paid with CDBG funds**

# By entering into this contract, the contractor certifies that neither it (nor he or she) nor any person or firm who has an interest in the contractor’s firm is a person or firm ineligible to be awarded Federal Funded Government contracts by **29 CFR §5.12, 2 CFR § 2424, 2 CFR § 180.220, and 40 U.S. Code § 3144 - Authority to pay wages and list contractors violating contracts**, **Davis Bacon Act.**

# No part of this contract shall be subcontracted to any person or firm ineligible for award of a Federal Funded Government contract by **29 CFR §5.12, 2 CFR § 2424, 2 CFR § 180.220, and 40 U.S. Code § 3144 - Authority to pay wages and list contractors violating contracts**, **Davis Bacon Act.**

The Federal Debarment and Suspension/ Purchase and Contract List ([www.sam.gov](http://www.sam.gov)) and the State of North Carolina Debarred Vendors/Purchase and Contract List (<http://ncadmin.nc.gov/government-agencies/procurement/contracts/debarred-vendors>) have been reviewed and the contractor or subcontractor has been determined to be eligible to participate in a CDBG assisted project.

We have attached the documentation proving eligibility (websites printout).

|  |  |
| --- | --- |
| **Firm Information** |  |
| Name: |  |
| Address: |  |
| Federal Identification Number or Social Security Number:  |  |
| Representative Name and Title:  |  |
| **Verification**  |  |
| Verification date: |  |
| Verifying Officer Name and Title:  |  |

Firm Representative Date

Verifying Officer Date

Grantee Representative Date