**Certification of Eligibility Form**

Regarding Debarment and Suspension

Instructions

All CDBG-I grantees (local government) must ensure that contract awards are not made to any party which is debarred or suspended, or is otherwise excluded from or ineligible for, participation in federal assistance programs under Executive Order 12549 “Debarment and Suspension” [24 CFR 85.35]. The local government must check the “exclusion” (i.e., debarment) status of all contractors and sub-contractors (A*ll contract types procured by the Local Government and all Sub-Contractors*) on the System for Award Management (SAM) and the NC Department of Administration prior to the award of a contract. The following websites must be checked to ensure eligibility:

* The Federal Debarment and Suspension/ Purchase and Contract List ([www.sam.gov](http://www.sam.gov)); and
* State of North Carolina Debarred Vendors/Purchase and Contract List (<http://ncadmin.nc.gov/government-agencies/procurement/contracts/debarred-vendors>)

**Who Must Register in the System of Award Management (SAM.gov)?**

* Grantee (Local Government);
* Subgrantee (Water or Sewer Authority / District); and
* Contractor (an entity that receives a contract which had been procured by the Grantee).
* All the above needs a Unique Entity Identifier Number (UEIN) on file.

Debarment Check Requirements:

* Check 1 (Company): A debarment check should be generated in Sam.gov - your check must show "active" status with "no exclusions." The company must be registered in SAM.gov to receive this report. **\*\*Printouts of website checks required. \*\***
* Check 2 (Principals): A debarment check is also required for all principals of the company. **This is done by one of two ways 1) a Signed Certification of Eligibility Form OR 2) adding a clause or condition in the contract.**

**Who Does Not have to Register in SAM.gov?**

* Direct Beneficiaries of project;
* Subcontractors - used by contractor if contractor has been verified; and
* Contractor / Sub-Contractor - selected and hired by the direct beneficiary to complete scope of work;
* Must have a unique entity identifier on file (taxpayer id #, SSN, or UEIN).

Debarment Check Requirements:

* Direct Beneficiary: No check is needed.
* Sub-Contractor - Since the sub-contractor is not required to register in SAM you may receive a "no records" response when searching, which is not an acceptable debarment check.  **Both a signed certification and clause in their contract is required for the company and its principals.**
* Contractor / Sub-Contractor - must adhere to the above "sub-contractor" requirements.
* NOTE: Although these entities are not required to "register" in SAM.gov, a debarment check should be performed using the UIN. Print the resulting report and place in file. If a "no search record" is returned make sure you obtain a signed certification and have clauses in contracts.

**Certification of Eligibility Form**

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| **Grantee (Local Government):**  |  |
| **Grant Number:**  |  |
| **Project Name:**  |  |

**This form must be completed for all contract types procured by the Local Government and all Sub-Contractors.**

1. The prospective firm certifies to the best of its knowledge and belief, that it and its principals:
2. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by a federal department or agency;
3. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction or records, making false statements, or receiving stolen property:
4. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
5. Have not within a three-year period preceding this contract/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
6. Where the prospective firm is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above applicable certification(s).**

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| **Firm or Principal Information:** |  |
| Name: |  |
| Address: |  |
| Unique Identifier Number, Federal Tax Id. Number or SS Number:  |  |
| Representative Name and Title:  |  |
| **Verification:** |  |
| Verification Date: |  |
| Verifying Officer Name and Title *(For the Contractor, the Verifying Officer is the Grant Administrator; for the Sub-Contractor, the Verifying Officer is the Contractor)*  |  |
| **Signatures: Firm Representative Signature** *(Contractor or Sub-Contractor)***:**  |  | **Date:**  |
| **Verifying Officer Signature** (*Grant Administrator or Local Government if verifying Contractor or Contractor if verifying a Sub-Contractor*)**:**  |  | **Date:** |
| **Grantee Representative Signature** *(Local Government Authorized Representative*)**:**  |  | **Date:** |