

VERIFICATION OF CONTRACTOR ELIGIBILITY

To: CDBG Field Representative
Kansas Department of Commerce

Grantee: _____

Grant Number: _____

Date: _____

From: _____

Address: _____

Please indicate the estimated date, time, and location of the Pre-construction Conference, if applicable. (Please advise of any changes.)

Date: _____

Time: _____

Location: _____

Please verify the eligibility of the following construction contractor(s), subcontractors and consultants:

COMMERCE USE ONLY:

The following contractors are not on the Consolidated List of Debarred, Suspended and Ineligible Contractors as of:

Contractor, Subcontractor, Consultant Name,
Address and DUNS Number:

1. _____

2. _____

3. _____

4. _____

Contractor Verification by: _____

CDBG Field Representative Date