

To be completed by CONTRACTOR & CITY

**CERTIFICATION THAT
CONTRACTOR IS NOT DEBARRED,
SUSPENDED NOR EXCLUDED**

1. To be completed by CONTRACTOR

Name of Contractor: _____

Signature: _____

Printed Name: _____

Address of Contractor: _____

Is contractor listed as:	Debarred	<input type="checkbox"/> yes <input type="checkbox"/> no
	Suspended	<input type="checkbox"/> yes <input type="checkbox"/> no
	Excluded	<input type="checkbox"/> yes <input type="checkbox"/> no

If any of the categories are checked 'yes', attach Contractor's explanation and a written statement that the listing is no longer valid, or that the Contractor is able to participate in this City Contract.

2. To be completed by the CITY

Date that City checked the Federal Government's website
www.sam.gov/portal/public/SAM (System for Award Management)

Date: _____ Signature: _____

Dept: _____ Printed Name: _____

This form must be completed and placed in all city contracts.