

**CONTRACTOR/SUB CONTRACTOR SERVICE PROVIDER ELIGIBILITY**  
**(DEBAR) REQUEST FORM**

Date Submitted to CDBG:

Grantee- City/County:

Project Name:

Grant #:

Grant Amount:

Please check if the following contractor(s)/service provider(s) are barred from performing work or providing services on a federally funded project.

Name of Company/Individual	Company City, State	SAM Unique Entity ID	CAGE#

**Instructions:** Submit this request for debar **BEFORE** you enter into a contract with a contractor/subcontractor or service provider.

All vendors MUST be registered and active in SAM.gov.

Complete the form (be sure to use full name of company/individual) and send to CDBG as an email, fax or letter to Sarah Clark (seclark@goed.nv.gov) with a CC to Jessica Sanders (jsanders@goed.nv.gov) to ensure the request is processed.