

Delta State University
FEDERAL DEBARMENT VERIFICATION FORM

| | |
|---|--|
| Subgrantee's/Contractor's Name | |
| Authorized Official's Name | |
| DUNS Number | |
| Address | |
| Phone Number | |
| Are you currently registered with www.sam.gov (Respond Yes or No) | |
| Registration Status (Type Active or Inactive) | |
| Active Exclusions (Type Yes or No) | |

I hereby certify that _____ is not on the list for federal debarment on
Subgrantee's Name/Contractor's Name
www.sam.gov –System for Award Management.

Signature of Authorized Official

Delta State University

PARTNERSHIP DEBARMENT VERIFICATION FORM

| | |
|--------------------------------|--|
| Subgrantee's/Contractor's Name | |
| Authorized Official's Name | |
| DUNS Number | |
| Address | |
| Phone Number | |

I hereby certify that all entities who are in partnership with Delta State University (subcontractors, subrecipients, et al.) are not on the federal debarment list on www.sam.gov – System for Award Management. Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every contract/subgrant and modification to Delta State University.

Signature of Authorized Official

Date