

## APPENDIX 10 – SAMPLE CHECKLIST FOR DETERMINATION OF CONTRACTOR RESPONSIBILITY

Public Housing Agency Name:

Solicitation Number:

Contractor Name and Address:

Circle all applicable statements:

- A review of the GSA and HUD websites data dated \_\_\_\_\_ has been conducted and the contractor does/ does not appear as suspended, debarred, or operating under a LDP.
- The Contractor has/ has not performed satisfactorily on other contract(s) awarded by this PHA.
- A survey of other agencies and companies doing business with the contractor was performed. Adverse/ no adverse information has been received that would bring the contractor's present responsibility and technical capability into question. List the agencies/companies contacted, dated contacted and person providing information.
- A review of the Contractor's financial and technical resources indicates/ does not indicate that it is capable of performing the contract. List documentation reviewed: \_\_\_\_\_.
- State/local government agencies were contacted, and the contractor does/ does not have a record of any outstanding code violations, improper business practices, or similar history of noncompliance with public policy. List agencies contacted: \_\_\_\_\_.
- Other pertinent information received does/ does not affect the Contractor's responsibility. List parties contacted and results of contact (e.g., Better Business Bureau, Business Licenses, Dunn and Bradstreet, other credit agencies): \_\_\_\_\_.

In accordance with 2 CFR 200.318(h), the contractor is considered to be responsible/ non-responsible and possesses/ does not possess the ability to successfully perform under the terms and conditions of this contract.

\_\_\_\_\_  
Name  
Contracting Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date