

DEPARTMENT OF ECONOMIC & COMMUNITY DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

CONTRACT INFORMATION REPORTING FORM

COMMUNITY:		
GRANT YEAR & TYPE:		
PROJECT NAME & NUMBER:		
FEDERAL WAGE DECISION NUMBER (S):		
DATE CONTRACT SIGNED:		
TOTAL CONTRACT AMOUNT: \$_		CDBG AMOUNT: \$
MINORITY CONTRACTOR:	Yes	No
FEMALE CONTRACTOR:	_Yes	No
NAME & ADDRESS OF PRIME CONTRACTOR:		

Employer (IRS) Number

ATTACH PROOF THAT THE CONTRACTOR LISTED ABOVE IS NOT ON THE FEDERAL DEBARRED LIST - Refer to: <u>www.sam.gov</u>

**** IMPORTANT NOTICE ****

This form must be submitted for each prime contract within 7 days of contract signing:

SUBMIT TO: Terry Ann Holden, Labor Standards Compliance Officer Office of Community Development 111 Sewall Street, 3rd Floor, 59 State House Station Augusta, Maine 04333 Phone: (207) 624-9814 Fax Copies: (207) 287-8070 E-mail: terryann.holden@maine.gov

Rev 10/29/07



EXCLUDED PARTIES LISTING SYSTEM (EPLS)

CONTRACTOR ELIGIBILITY VERIFICATION

Project Name:_____

Name of Prime Contractor:_____

Address:_____

NOT LISTED on the EPLS:_____

LISTED on the EPLS:

Actions taken if listed on the EPLS:

On-Line access at: http://epls.arnet.gov