## APPENDIX 10. SAMPLE CHECKLIST FOR

## DETERMINATION OF CONTRACTOR RESPONSIBILITY

Public Housing Agency Name:	
Solicitation Number:	
Contractor Name and Address:	
	Circle all applicable statements:
1.	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.
2.	The Contractor has/ has not performed satisfactorily on other contract(s) awarded by this PHA.
3.	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.
4.	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.
5.	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 non-compliance with public policy. List agencies contacted.
6.	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).
no	accordance with <b>24 CFR 85.36</b> (b)(8), the contractor is considered to be responsible/n-responsible and possesses/ does not possess the ability to successfully perform under terms and conditions of this contract.
	me Signature Date