

### SAMPLE FEDERAL DEBARMENT CHECKLIST

Agency Name: \_\_\_\_\_

Name of Contractor or Grantee: \_\_\_\_\_

SAM:

\_\_\_\_\_ No exclusion for contractor or grantee found in SAM

\_\_\_\_\_ The contractor or grantee has been debarred for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments and/or Recommended Action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_  
Procurement or Awarding Officer