

SAMPLE FEDERAL DEBARMENT INTERIM CHECKLIST

Agency Name: _____

Name of Contractor or Grantee: _____

Interim Period: _____

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