**INDEPENDENT CONTRACTOR**

**DEBARMENT VERIFICATION FORM**

(Please print clearly or type)

|  |  |
| --- | --- |
| Contractor’s Name |  |
| Authorized Official’s Name |  |
| Complete Address |  |
| Contact Number |  |
| Are you currently registered with [www.sam.gov](http://www.sam.gov) ? (Yes or No) |  |
| Are you currently registered to do business in the State of Mississippi? (Yes or No) If yes, attach supporting documentation of registration status*. If not, please register and provide documentation of registration status.*  **(sole proprietor exempt)** |  |
| All vendors authorized to do business with a State Agency must be registered in the MS Accountability Government Information and Collaboration (MAGIC), please provide supplier number. |  |

*\*\*Appropriate signatures shall certify statements below.*

**FEDERAL DEBARMENT CERTIFICATION:**

CONTRACTOR hereby certify that at the execution of a contract with the Mississippi Department of Education, CONTRACTOR is not on the list for federal debarment on [www.sam.gov](http://www.sam.gov) – System for Award Management.

**STATE OF MISSISSIPPI REGISTRATION:**

CONTRACTOR hereby certify that at the execution of a contract with the Mississippi Department of Education, CONTRACTOR is not on the list for debarment on [www.sos.ms.gov](http://www.sos.ms.gov) for doing business with the State of Mississippi or with any Mississippi State Agency.

**PARTNERSHIP DEBARMENT CERTIFICATION:**

CONTRACTOR hereby certify that all entities who are in partnership through this contract or grant with the Mississippi Department of Education (MDE) (subcontractors, subrecipients, et al.) are not on the federal debarment list on www.sam.gov – System for Award Management or the State of Mississippi debarment list. Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every contract/subgrant and modification to MDE.

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

*Original Signature of Contractor or Authorized Official Date*