



Contractor Certification of Non-Debarment

Project Name: _____

Contractor Name: _____

I, the undersigned, certify as a representative of the contractor named above that neither the contractor nor any of its principals (owners, officers, directors, or key personnel) are currently **debarred, suspended, proposed for debarment, or otherwise excluded** from participation in federally funded programs under the System for Award Management (SAM.gov) or any other federal exclusion list.

I further certify that I will promptly notify the Program Administrator and Housing New Mexico if, at any time during the term of this contract or project, the contractor or any of its principals become debarred, suspended, or otherwise excluded from federally funded programs.

I understand that this certification applies only to the contractor and is a material representation of fact upon which Housing New Mexico relies in awarding the contract. Falsification of this certification may result in contract termination, disallowed costs, or other remedies available under federal or state law.

Authorized Representative: _____ Title: _____

Signature: _____ Date: _____

SAM.gov Verification Documentation

☐ **Search Performed by Subrecipient** – The subrecipient performed a SAM.gov exclusion search for the contractor on _____ (date).

☐ **Screenshot Attached** – A printed or PDF screenshot of the search results, including cases where the search returned “No Record Exists,” is attached to this certification.

☐ **Contractor Not Listed as Excluded** – Based on the SAM.gov search, the contractor is not currently debarred, suspended, proposed for debarment, or otherwise excluded from participation in federally funded programs.

Name of Staff Completing SAM.gov Search: _____

Date of Search: _____