



STATE HISTORICAL FUND

Subcontract Certification Form

Meeting all of the requirements in this checklist ensures your subcontract will not violate any of the terms of the SHF contract. **All items must be certified by the Grant Recipient.** To ensure items are included in your subcontract, it is best to reference each item during the RFP process/Bid phase.

Grant Recipient: _____ SHF Project # _____

Deliverable # _____ SHF Contract Start / End Date: _____

Subcontractor: _____

INSTRUCTIONS: Please initial each item below to certify the subcontract meets each criterion. Identify the page number in the subcontract each item references and provide other information as indicated.

_____ The start and end of this subcontract are within the SHF contract start and end date pg # _____

_____ No work will or has been done outside of the start and end date pg # _____

_____ The Grant Recipient and the Subcontractor are parties named to the subcontract pg# _____
(If Grant Recipient not a party to the contract, a LOA/MOU between the Grant Recipient and the Contracting party must be included)

_____ The Subcontract is signed by both parties pg# _____

_____ The amount for this subcontract is \$ _____

_____ The amount in the SHF contract for the work in this subcontract is \$ _____

_____ This subcontract is for work included in the SHF contract Scope of Work (Exhibit A) pg# _____

_____ The work in this subcontract must meet the Secretary of the Interior's Standards for the Treatment of Historic Properties pg# _____

_____ Invoices for work shall contain a calculation used to determine value of work **OR** reference bid document containing calculation used to determine value of work pg# _____

_____ The Grant Recipient retains all right to use materials produced (materials produced are not subject to copyright by subcontractor) pg# _____

_____ This Subcontract includes language regarding HB 06-1343 and/or HB 06S-1023 pg# _____
(Also Known As the Illegal Aliens Language)

_____ This Subcontract includes General Liability, Workers' Compensation and Automobile Liability (if applicable) insurance coverage held by the subcontractor for damages and/or loss. Pg # _____

I have initialed each item above to indicate compliance and state that the facts and information submitted in this report are true and correct.

Signature of Grant Recipient/Program Director

Date

Approved by: _____
Historic Preservation Specialist Date