

Certified Local Government Subgrant Program

Subcontract Certification Form

Meeting all of the requirements in this checklist ensures your subcontract will not violate any of the terms of your grant agreement with History Colorado. **All items must be certified by the staff person responsible for the grant.** To ensure items are included in your subcontract, it is best to reference each item during the RFP process/Bid phase.

CLG Name: _____ Project #: _____

Subcontractor: _____

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

_____ The start and end of this subcontract are within the History Colorado agreement start and end date. Pg # _____

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

_____ The CLG and the Subcontractor are parties named to the subcontract. Pg# _____
(If the CLG is 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 Exhibit B of the History Colorado agreement for the work in this subcontract is \$ _____

_____ This subcontract is for work included in Exhibit A of the History Colorado agreement. Pg# _____

_____ The work in this subcontract must meet the Secretary of the Interior's Standards for Archaeology and Historic Preservation. 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 CLG 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)

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 Staff Person Responsible for Grant

Date