

Certified Local Government Subgrant Program

Consultant Subcontract Certification Form

Meeting all of the requirements in this checklist ensures your contract 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 contract, it is best to reference each item during the RFP process/Bid phase.

CLG Name: _____ Grant #: _____

INSTRUCTIONS: The staff person initials each item below to certify that it is in the contract and submits this form, not the contract, as the deliverable.

_____ The start and end dates of this contract are within the HC project start and end dates, and work has not been, and will not be, done outside of the HC start and end dates. Pg # _____

_____ The CLG and the contractor/consultant are parties named to the contract. 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 contract is signed by both parties. Pg# _____

_____ The amount for this contract is \$ _____

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

_____ The amount in Exhibit B of the History Colorado agreement for the work in this contract is \$ _____

_____ The contract includes a statement that the work will 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# _____

_____ If the contract includes a copyright clause, it also includes a statement that the CLG and History Colorado retain all rights to use the materials that are produced with this project. Pg# _____

I certify that the contract between the CLG and _____ includes the above items.
(name of contractor/consultant)

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