#### SUBCONTRACTOR CLAIM CERTIFICATION

#### Cover Sheet and Instructions

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|  | | | APPROVED DOCUMENT – This document is approved by the Office of the President and Office of the General Counsel for use by the Facility and is available on electronic media. | | | | |
|  | | |  | | | | |
| **PURPOSE OF DOCUMENT:** | Provide the form for use by Subcontractor to certify a claim. | | | | | | |
| **CROSS-REFERENCE TO FACILITIES MANUAL:** | FM4[II] | | | | | | |
| **CONTENTS:** | Subcontractor Claim Certification | | | | | | |
| **FOR USE WITH:** | ✓ | Long Form  (LF) | | ✓ | Short Form  (SF) |  | Brief Form  (BF) |
| **COMPLETED BY:** | ✓ | Filling in | |  | Adding Text |  | No Data Required |
| **ITS USE IS:** | ✓ | Required | |  | Optional | | |

**NOTE:** To use the electronic file of this document, you must go to the “Tools” pull down menu in Microsoft Word, select “Options,” select the “View” tab, and then put a check in the box “Hidden text.” Most instructions and alternate language is displayed in hidden text. Do not print the hidden text for the final document.

**Completion Instructions:**

1. If a Subcontractor’s portion of a Claim, if any, exceeds 5% of the Claim, that Subcontractor completes and submits this certification.

**Modifications and Additions:**

None

**Comments:**

None

**END OF COVERSHEET AND INSTRUCTIONS**

**EXHIBIT** { }

# SUBCONTRACTOR CLAIM CERTIFICATION

Pursuant to Article 4.3.3 of the General Conditions, I certify as follows:

1. The portion of the Claim made on behalf of the Subcontractor to which this certification is attached is made in good faith.

2. Amounts claimed for costs, expenses and damages incurred by the Subcontractor are accurate and complete. Supporting data for amounts incurred by the Subcontractor is accurate and complete. Any such supporting data, including any such new amounts, submitted to CM/Contractor after the execution of this certification, will be accurate and complete.

3. To the best of my knowledge and belief, amounts claimed, and supporting data submitted to CM/Contractor by the Subcontractor on behalf of any and all subcontractors or suppliers to Subcontractor, of all tiers, or any person or entity under Subcontractor, are accurate and complete. Subcontractor will not submit, after the date of execution of this certification, any such supporting data, including any such new amounts that, to the best of my knowledge and belief, is not accurate and complete.

4. The amount requested accurately reflects the amount for which the Subcontractor believes the University is liable to CM/Contractor.

5. I am duly authorized to certify the Claim on behalf of the Subcontractor.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of City if within a City, otherwise Name of County), in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(State) (Date)

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

(Signature)

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

(Print Name)

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

(Name of Subcontractor)