

Annex A: Evidence of Subcontractor/Subrecipient Responsibility Statement

1. Authorized Negotiators

(Company Name) proposal for (Proposal Name) may be discussed with any of the following individuals. These individuals are authorized to represent (Company Name) in negotiation of this offer.

(List Names of Authorized signatories)

These individuals can be reached at (Company Name) office:

Address

Tel

Email

2. Adequate Financial Resources

(Company Name) has adequate financial resources to manage this subcontract, as established by our audited financial statements submitted in this proposal.

3. Ability to Comply

(Company Name) is able to comply with the proposed delivery of performance schedule having taken into consideration all existing business commitments, commercial as well as governmental.

4. Record of Performance, Integrity, and Business Ethics

Subcontractor/Subrecipient should insert a statement describing how long they have been in business, the types of contracts/agreements they have completed, etc. This section can also include a brief summary of internal controls and ethics policies.

5. Organization, Experience, Accounting and Operational Controls, and Technical Skills

(Subcontractor/Subrecipient should explain which department and/or technical practice group within the company will be managing the Subagreement. Please also include information on the type of accounting and control procedures the Subrecipient has to accommodate a Cost Reimbursement type Subagreement)

6. Equipment and Facilities

(Subcontractor/Subrecipient should state if they have necessary facilities and equipment to carry out the subagreement)

7. Eligibility to Receive Award

(Subcontractor/Subrecipient should state if it is qualified and eligible to receive an award under applicable laws and regulation and if they have performed work of similar nature under similar mechanisms for USAID, any other federal agency, and/or international donor. The subrecipient should provide its DUNS number here as well.)

8. Cognizant Government Audit Agency

(Subcontractor/Subrecipient should provide Name, address, phone of their auditors – whether it is Defense Contractor Audit Agency (DCAA) or independent CPA if applicable.)

9. Recovery of Vacation, Holiday and Sick Pay

(Subcontractor/Subrecipient should explain how its recovers vacation, holiday, and sick leave)

Date: _____

Name: _____

Title: _____

Authorized Signature: _____