

Subaward Release of Claims: Subaward Closeout

Subrecipient:	Subaward Number:	
Termination Date:	Closeout Period:	Due Date:

Please check one of the following regarding financial claims:

There are NO outstanding claims against this subaward. *(No further claims will be honored after this box has been checked and the form signed and returned. No further claims will be honored after the due date of this form.)*

Only the amount of \$_____ included in the final invoice (number _____) is due. When the final invoice is paid by the University of Maine, there will be no further claims against this subaward.

Please check one of the following regarding cost-share responsibility:

Required Cost Share in the amount of \$_____ has been met and reported.

Required Cost Share in the amount of \$_____ is included in the final invoice (number _____).

Uniform Guidance 2 CFR 200 Audit Certification:

Subrecipient certifies by signing this Subaward Release of Claims that it complies with Uniform Guidance, specifically parts 200.300 – 200.345 and 200.501-200.521 as applicable.

Please check one of the following regarding inventions and patents:

There are no inventions or patents to be reported under this subaward.

Listed below are all inventions or patents required to be reported under this subaward. (Attach additional documentation as needed.)

Name of Inventor:

Title(s) of Invention:

Invention Disclosure: _____ has previously been submitted to the University of Maine, or _____ is attached to this form.

Please check one of the following regarding equipment (Equipment means tangible personal property [including information technology systems] having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes or \$5,000):

There is neither government furnished equipment nor equipment purchased with money from this subaward to be reported under this subaward. (Please review subaward Terms & Conditions.)

Office use only

Date Received:

Approved by:



All government furnished equipment and/or equipment purchased with money from this subaward is in compliance with the grant award budget and conditions (i.e. allowable cost). Subrecipient certifies that equipment records are maintained, a physical inventory of equipment is taken at least once every two years and reconciled to equipment records, there are controls to safeguard the equipment, and the equipment is adequately maintained.

All government furnished equipment and reportable equipment purchased with money from this subaward have been delivered to the government or are awaiting disposition instructions.

Please check one of the following regarding final deliverables: (Deliverables means final technical report, publications, and other reporting required of the prime award. Please review subaward Terms & Conditions.)

There are NO outstanding technical reports or other deliverables. Final deliverables have been completed and mailed to Award Principal Investigator on: _____.

There are outstanding deliverables. Award Principal Investigator has provided the alternative due date of: _____.

I hereby certify the above information is correct and in accordance with the terms and conditions of the above listed subaward agreement.

Name and Signature of Authorized Official

Date

Office use only

Date Received:

Approved by: