Behavioral Health Services
Subcontractor/Consultant Agreement
Contractor Checklist
FY 2024-2025

Contractor completes one form for each Subcontract or Consultant Agreement Regardless of Contract Type
General Information

Contractor:	Contract Annual Dollar Amount: $

Program Name:

Contract Number:	Contract Term:	COR:

Subcontractor / Consultant (Agency and/or Name):

Subcontractor / Consultant Annual Dollar Amount: $		Subcontractor / Consultant Agreement Term (mm/dd/yy – mm/dd/yy):

Required Subcontract Language

The Contract Agreement Article 1 states that all subcontract agreements shall include the required "flow-down" language of the specified articles under 1.4.2 Required Subcontract Provisions. Please review your contract's Article 1, §1.4.2 to determine which articles are required to flow-down to your Subcontractor/Consultant agreements. Your COR can assist in providing language that matches your services contract with the County of San Diego (COSD).

Instructions: Choose each applicable Article and specify where in the Subcontract/Consultant Agreement each applicable Article can be found. The COR team will review and verify upon receipt of signed documents. Incomplete Agreements could be deemed invalid and may lead to delay and/or denial of payment.

"Flow-Down" Language Checklist			
Contract Article Sections/Section Name	**Page #**	**Contract Article Sections/Section Name**	**Page #**

Indicate acknowledgement of the following requirements by checking the associated box:

☐ **Contractor's Relationship to the County of San Diego (Article 1, §1.4)**
Subcontractor / Consultant has been notified of Contractor's relationship to COSD.

☐ **Prompt Payment (Article 4, 4.6.1)**
Contractor must pay subcontractors within 30 days of receiving payment from COSD and include a conforming payment clause in all subcontracts.

☐ **Subcontractor / Consultant Monitoring (Article 1, §1.4.1)**
Policies and procedures are in place to monitor named Subcontractor / Consultant. **(Please Attach)**

_____   _____
Contractor Representative Name (print)   **Phone #**

_____
Contractor Representative Title

_____   _____
Contractor Representative Signature   **Date**

CST: Revised April 2024