

HEALTH AND HUMAN SERVICES AGENCY - BEHAVIORAL HEALTH SERVICES
Exhibit C Supplemental B - Subcontract Agreements

Contractor: _____
 Program Name: _____
 Budget Period: _____

Contract #: _____ Amendment #: _____
 Funding Source: _____ State Provider Code: 37- _____
 Address: _____ D/M-C Provider Code: _____

CONSULTANTS					Agreement Amount	FOR COR USE ONLY	
AGENCY	INDIVIDUAL	SCOPE of WORK	POSITION / CLASS	AGREEMENT TERM		Approved	Not Approved

SUBCONTRACT					Agreement Amount	FOR COR USE ONLY	
AGENCY	INDIVIDUAL	SCOPE of WORK	POSITION / CLASS	AGREEMENT TERM		Approved	Not Approved

SUBCONTRACT/CONSULTANT AGREEMENT PRIOR CONCURRENCE / PRE-APPROVAL

Complete, sign and submit this form for prior concurrence / pre-approval of subcontract and/or consultant agreements per Article 1, §1.4. Do NOT send unsigned agreements to COR.
 Provide copies of SIGNED subcontract/consultant agreements to COR within 30 days after the effective date of the subcontract/consultant agreement.

- Read and reviewed contract Article 1, §1.4, including but not limited to the Mandated Clauses and the Standard Terms and Conditions required in subcontract/consultant agreements.
- Policies & Procedures are in place to adequately monitor subcontractors/consultants.
- Compliance with CFR 200.459.

NOTE: Expenses related to subcontracts or consultant agreements are subject to denial if there is no written COR pre-approval or if all mandated clauses are not represented in the final, signed agreement.

Contractor Authorized Signature _____ Date _____
 Print Name & Title _____

COR: Place a check mark in either the Approved or Not Approved column for each Consultant Agreement or Subcontract and then sign and date below.

COR Signature _____ Date _____