

SUBCONTRACT AGREEMENT FORM

Complete and submit this transmittal form to obtain *Network* approval of subcontracts. Attach the following as additional components of the complete Subcontract Agreement Package:

1. A brief (one page or less) explanation of the award process including all information necessary to evaluate the reasonableness of the price or cost and the necessity or desirability of incurring such cost.
2. Subcontract agreement consisting of:
 - A. Subcontractor/Agency Agreement
 - B. Proposed SOW
 - C. Detailed Budget & Budget Justification

Review of subcontracts is done on a case-by-case basis and may require additional information.

AGENCY IDENTIFICATION

Agency Name: _____

Agreement Number: _____

Agreement and Budget Term: _____

Approved Program Budget: _____

Project Coordinator Name: _____

Phone Number: _____

SUBCONTRACTOR IDENTIFICATION

Subcontractor or Consultant Name: _____

Address: _____

Total Subcontract Amount: _____

Is Subcontract: Single Year Agreement ☐
Multi-Year Agreement: ☐

If multiple year agreement, what is the entire term of the subcontract: _____

Current Fiscal Year Subcontract Amount: _____ Current Fiscal Year Subcontract Term: _____

Federal I.D. Number or Social Security Number: _____

Subcontractor's Project Coordinator: _____ Phone Number: _____
(N/A for consultants)

Type of Subcontractor:

- ☐ For-profit organization
- ☐ Governmental Agency
- ☐ Non-profit Organization
- ☐ University

The Agency certifies that, for the above named subcontractor, all applicable terms and conditions are included within the subcontract.

Project Coordinator Signature

Date