COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

FY	
Contract ID	

SUBCONTRACTOR IDENTIFICATION LIST FOR NON-DIRECT CARE SERVICES

Deliverables which are a primary and integral part of the total program but which are furnished to the program, under contract, by another provider.

Vendor Name	:	DPH Program Name:	
Submitted by:	Provider/Vendor Authorized Signature	Date:	Phone:
	Print Name	<u> </u>	
Approved by:	DPH Program Manager	Date:	Phone:
	Print Name	_	

INSTRUCTIONS:

Providers/vendors must complete and submit to DPH at the time of <u>initial contract execution</u> AND when <u>subcontract dollars and/or vendors/providers are added or deleted</u>. (Including line item adjustments). This form must be signed by the DPH program representative to indicate program approval PRIOR TO the execution of said subcontract(s).

- Vendors are to complete this form each fiscal year when subcontracted \$ are budgeted.
- Vendors are to complete this form with any amendments.
- Identify the Subcontractor and Federal ID number along with \$ amounts and description of service provided in less than 200 words (Individuals are not recorded on this form)
- \$ identified as TBD will require status updates which POS will request quarterly

Subcontractor Name	FEIN	Subcontract Amount	Deliverable	TBD
		\$		
		\$		
		\$		
		\$		
		\$		

Subcontractors must agree to the Terms and Conditions set forth in the supportive procurement, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. Providers may use the standard subcontract template available through DPH contract managers. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

Updated: 07/01/2020