

SUBCONTRACT AGREEMENT TRANSMITTAL FORM

Complete and submit this Subcontract Agreement Transmittal Form to obtain California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division Subcontract approval.

REQUIREMENT: If the total subcontract amount over the term of the subcontract is \$5,000 or more, a Subcontract Agreement Package must be submitted for approval to CDPH MCAH Division prior to the Subcontract/Agency Agreement being signed by either party, unless this prior approval requirement is waived in writing by CDPH MCAH Division.

The following items are needed as additional components to complete the Subcontract Agreement Package:

1. Subcontract Agreement Package consisting of:
 - Subcontract Agreement Transmittal Form
 - Subcontractor/Agency Agreement or copy of waiver letter
 - Proposed Scope of Work (CDPH MCAH Division format is required except for service contracts)
 - Budget (CDPH MCAH Division format is mandatory unless optional format is approved by CM)
 - Detailed Budget Justification
2. The local agency must retain a brief (one page or less) explanation of the solicitation/award process, including all information necessary to evaluate the reasonableness of the price or cost and the necessity or desirability of incurring such cost in case of an audit or upon request by CDPH (see contract Exhibit D (3)).

AGENCY IDENTIFICATION

Agency Name: _____

Agreement Number: _____ Agreement Term: _____

Program Name: MCAH BIH AFLP CHVP

Approved Program Maximum Amount Payable: _____

Program Director/Coordinator: _____

SUBCONTRACTOR IDENTIFICATION

Subcontractor or Consultant Name: _____

Address: _____

Subcontractor Contact: _____ Phone Number: _____

Total Subcontract Amount: _____

Is Subcontract: Single Year Agreement Multiple Year Agreement

If multiple year term, what is the entire term of Subcontract (i.e., 2021-2025): _____

Current Fiscal Year (FY) Subcontract Amount: _____

Current FY Subcontract Period: _____

Federal ID Number: _____

Subcontractor's Program Director (N/A for consultants): _____

Phone Number: _____

Type of Subcontractor:

For-profit Organization

Non-profit Organization

University

Governmental Agency

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

Agency Signature:

Title:

Print Name:

Date:
