**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. 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, if applicable. (See contract Exhibit D(F) Provision (5a) Special Terms and Conditions).
2. 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

**AGENCY IDENTIFICATION**

Agency Name: Click or tap here to enter text.

Agreement Number: Click or tap here to enter text. Agreement Term: Click or tap here to enter text.

Program Name: MCAH [ ]  BIH [ ]  AFLP [ ]  CHVP [ ]

Approved Program Maximum Amount Payable: Click or tap here to enter text.

Program Director/Coordinator: Click or tap here to enter text.

**SUBCONTRACTOR IDENTIFICATION**

Subcontractor or Consultant Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Subcontractor Contact: Click or tap here to enter text. Subcontractor Phone Number: (XXX) XXX-XXXX

Total Subcontract Amount: Click or tap here to enter text.

Is Subcontract: Single Year Agreement [ ]  or Multiple Year Agreement [ ]

If multiple year term, what is the entire term of Subcontract (i.e., 2012-2016): Click or tap here to enter text.

Current Fiscal Year (FY) Subcontract Amount: $XX,XXX Current FY Subcontract Period: XX/XX/XX – XX/XX/XX

Federal I.D. Number or Social Security Number: Click or tap here to enter text.

Subcontractor's Program Director

(N/A for consultants): Click or tap here to enter text. Phone Number: (XXX) XXX-XXXX

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

Click or tap here to enter text. XX/XX/XX

Printed Name Date