

## REQUEST FOR AUTHORIZATION TO SUBCONTRACT

New <input type="checkbox"/>	Private Nonprofit <input type="checkbox"/>	<input type="checkbox"/> Year 1 (Oct 2015 – Sept 2016) \$ _____
Amended <input type="checkbox"/>	Government <input type="checkbox"/>	<input type="checkbox"/> Year 2 (Oct 2016 – Sept 2017) \$ _____
		<input type="checkbox"/> Year 3 (Oct 2017 – Sept 2018) \$ _____
		<input type="checkbox"/> Year 4 (Oct 2018 – Sept 2019) \$ _____

### I. Contractor Information

Legal Name of Local Agency:			
Mailing/Street Address:			
City:		State:	Zip:
WIC Contract Number:	Contract Amount: \$	Contract Term:	
WIC Director Name:	Phone Number:	Fax Number:	

### II. Subcontractor Information

Legal Name of Subcontractor:			
Mailing/Street Address:			
City:		State:	Zip:
Federal Taxpayer I.D. #:	Total Subcontract Amount: \$	Subcontract Term:	
Brief statement of proposed subcontract services:			

### III. Subcontract Amendment Information (if applicable)

<p>A. If the <b>amount</b> of the subcontract is being amended, complete the information below:</p> <p>Original Subcontract Amount: \$ _____</p> <p>Increase/Decrease Amount: \$ _____</p> <p>Amended Subcontract Total: \$ _____</p>	<p>B. If the <b>term</b> of the subcontract is being amended complete the information below:</p> <table style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Original Subcontract Term</u></th> <th style="text-align: center;"><u>Amended Subcontract Term</u></th> </tr> </thead> <tbody> <tr> <td>Beginning: _____</td> <td>Beginning: _____</td> </tr> <tr> <td>Ending: _____</td> <td>Ending: _____</td> </tr> </tbody> </table>	<u>Original Subcontract Term</u>	<u>Amended Subcontract Term</u>	Beginning: _____	Beginning: _____	Ending: _____	Ending: _____
<u>Original Subcontract Term</u>	<u>Amended Subcontract Term</u>						
Beginning: _____	Beginning: _____						
Ending: _____	Ending: _____						
<p>C. If the <b>scope of work</b> is being amended, provide a brief explanation of the changes:</p> <p>Brief statement on reason for amendment:</p>							

**By signing this form, subcontractor agrees to all terms and conditions of the contract entered into by the Contractor with the State of California.**

Subcontractor Signature (in Blue Ink)	Date
<b>By signing this form, Contractor certifies that all requirements are included in this request to subcontract.</b>	
Contractor, WIC Director (In Blue Ink)	Date

### CDPH/WIC Division Use Only

Contract Manager (Signature)	Date
Section Chief (Signature)	Date

## REQUEST FOR AUTHORIZATION TO SUBCONTRACT INSTRUCTIONS

Complete this form when requesting approval to enter into a **new** subcontract agreement, or when **amending** an existing subcontract agreement exceeding \$2,500. Ensure that CDPH/WIC Division approval is received prior to executing a subcontract exceeding \$2,500, and that three (3) bids or justification of a non-competitive bid award have been obtained. Refer to Exhibit D(F), Provision 5.

**New:** Check this box if this is a new subcontract.

**Amended:** Check this box if this is an amendment request to an existing subcontract.

**Private Nonprofit or Government:** Check the box that applies to your WIC local agency.

**Budget Year:** Check the box(es) that apply to the subcontract term. Enter the dollar amount budgeted for each Federal Fiscal Year (FFY) of the subcontract.

### I. Contractor Information

**Legal Name of Local Agency:** Enter your WIC local agency's the legal name exactly as it is written in your WIC local agency contract.

**Mailing/Street Address:** Enter in the current address for the WIC Director.

**WIC Contract Number:** Enter in the current WIC local agency contract number.

**Contract Amount:** Enter in the dollar amount of the current WIC local agency contract.

**Contract Term:** Enter in the current term of the WIC local agency contract.

**WIC Director Name, Phone Number, and Fax Number:** Enter the current contact information.

### II. Subcontractor Information:

**Legal Name of Subcontractor:** Enter the Legal Name of the Subcontractor exactly as it appears in the subcontract.

**Mailing/Street Address:** Enter in the current mailing/street address for Subcontractor.

**Federal Taxpayer I.D. #:** Enter the Federal Taxpayer I.D. # of the Subcontractor.

**Total Subcontract Amount:** Enter the Total Subcontract Amount for the entire term.

**Subcontract Term:** Enter the dates of the Subcontract Term. The dates of the subcontract term may not begin prior to, or extend beyond the term limits of the WIC local agency Agreement.

**Brief statement on proposed subcontract services:** Include what services are being provided.

### III. Subcontract Amendment Information (if applicable):

A. If the **amount** of the subcontract is being amended, enter in the Original Subcontract Amount, the Increase/Decrease Amount, and the Amended Subcontract Total.

B. If the **term** of the subcontract is being amended, enter in the Original Subcontract Term (Beginning and Ending dates), and the Amended Subcontract Term (Beginning and Ending dates).

C. If the **scope of work** is being amended, provide an explanation of the change.

**Brief statement on reason for amendment:** Provide a brief statement explaining why the amendment is being requested, i.e., additional consultant hours or broader scope.

**Signatures:** This form must include all original signatures in blue ink.

**Subcontractor Signature (in Blue Ink):** The form must be signed and dated by the Subcontractor.

**Contractor, WIC Director (In Blue Ink):** The form must be signed and dated by the WIC Director or person at the WIC local agency with the authority to enter into a subcontract.

The Authorization to Subcontract package must include a cover letter that includes justification for the need to subcontract, this Request for Authorization to Subcontract Form, bid documentation, and an unsigned copy of the proposed subcontract. Submit the complete package to your Contract Manager.