**FORM E: Subcontracting Information**

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| Legal Business Name of Applicant: |  |

The Applicant shall complete the Subcontracting Information Form listing each Subcontractor that the Applicant plans to engage to provide direct services to Primary Health Care Program (PHC) Clients. Additional tables can be submitted separately.

Refer to Section 1.2, Definitions and Acronyms, of the RFA for definition of Subcontractor or Subgrantee . The Grantee shall reimburse the Subcontractor for services provided at an agreed-upon rate. The Grantee is responsible for oversight of the Subcontractor to ensure that applicable policies and procedures are current and that services are being delivered to the target population(s) in accordance with the System Agency Grant Agreement.

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|  | Yes - Our organization is proposing to subcontract PHC direct services. All Subcontractors that will be providing direct services are noted in the table(s) below. |
|  | **No** - This form is not applicable because our organization is not proposing to subcontract PHC direct services. |

If “Yes,” please continue with the instructions below. If “No,” the form is completed.

Complete the tables below for all organizations subcontracted to provide PHC direct services, one table per Subcontractor. Mark “n/a” for any item not applicable; no fields should be left blank. If additional tables are needed, the Applicant shall provide as a separate document with additional Subcontractor information tables.

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| Subcontractor #1 | |
|  | PHC Services and Supports |
| **Subcontracted Program:** |  |
| **Subcontracted Service(s) to specific subcontractor:** |  |
| **Subcontractor Name:** |  |
| **Subcontractor’s Physical Address:** *(include street, city, county, state, zip code)* |  |
| **Subcontractor’s Mailing Address:** *(include street, city, county, state, zip code)* |  |
| **Subcontractor’s Primary Phone:** *(include area code and extension, if applicable)* |  |
| **Subcontractor’s Website:** |  |
| **Subcontractor’s Primary Point of Contact and Title:** |  |
| **Subcontractor’s Primary Point of Contact Phone:** *(include area code and extension, if applicable)* |  |
| **Subcontractor’s Primary Point of Contact Email** |  |
| **Subcontractor’s Pharmacy License #** |  |
| **Subcontractor’s TPI #** |  |
| **Subcontractor’s NPI #** |  |

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| Subcontractor #2 | |
|  | PHC Services and Support |
| **Subcontracted Program:** |  |
| **Subcontracted Service(s) to specific subcontractor:** |  |
| **Subcontractor Name:** |  |
| **Subcontractor’s Physical Address:** *(include street, city, county, state, zip code)* |  |
| **Subcontractor’s Mailing Address:** *(include street, city, county, state, zip code)* |  |
| **Subcontractor’s Primary Phone:** *(include area code and extension, if applicable)* |  |
| **Subcontractor’s Website:** |  |
| **Subcontractor’s Primary Point of Contact and Title:** |  |
| **Subcontractor’s Primary Point of Contact Phone:** *(include area code and extension, if applicable)* |  |
| **Subcontractor’s Primary Point of Contact Email** |  |
| **Subcontractor’s Pharmacy License #** |  |
| **Subcontractor’s TPI #** |  |
| **Subcontractor’s NPI #** |  |