**FORM F**

**Subcontracting Information**

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| Legal Business Name of Applicant: |  |

The Applicant shall complete **Form F, Subcontracting Information Form** listing each subcontractor that the Applicant plans to engage to provide direct services to Breast and Cervical Cancer Services (BCCS) Clients. Additional tables can be submitted separately.

A Subcontractor or Subgrantee is third party who provides all, or a specified part of the services, goods, work, and materials required in the original grant. The grantee remains entirely responsible to the System Agency for performance of all requirements of the Grant with the System Agency. The Grantee must closely monitor the Subgrantee or Subcontractor’s performance.

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| --- | --- |
|  | Yes - Our organization is proposing to subcontract BCCS 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 BCCS 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 BCCS 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 | |
|  | BCCS 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 #** |  |

|  |  |
| --- | --- |
| Subcontractor #2 | |
|  | BCCS 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 #** |  |