**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 Healthy Texas Women Cost Reimbursement(HTW-CR) Clients. Additional tables can be submitted separately.

A Subcontractor is an entity that does all or part of the work required in the Grant Agreement between System Agency and the Grantee. 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 HTW-CR 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 HTW-CR 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 HTW-CR 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 | |
|  | HTW-CR 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 | |
|  | HTW-CR 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 #** |  |