**FORM f: Subcontracting Information**

|  |  |
| --- | --- |
| Legal Business Name of Respondent: |  |

The Applicant shall complete the Subcontracting Information Form listing each subcontractor that the Applicant plans to engage to provide direct services to MHO 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 HHSC and the Grantee. The HHSC grantee shall reimburse the subcontractor for services provided at an agreed-upon rate. The HHSC 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 HHSC Grant Agreement.

|  |  |
| --- | --- |
|  | Yes - Our organization is proposing to subcontract MHO 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 subcontract MHO 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 MHO 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subcontractor #1 | | | | |
|  | MHO | MHO Services and Supports | MHO Personnel | MHO Other |
| **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 | | | | |
|  | MHO | MHO Services and Supports | MHO Personnel | MHO Other |
| **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 #** |  | | | |