

# SUBCONTRACT AGREEMENT TRANSMITTAL FORM

Complete and submit this Subcontract Agreement Transmittal Form to obtain California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division Subcontract approval.

**REQUIREMENT:** If the total subcontract amount over the term of the subcontract is \$5,000 or more, a Subcontract Agreement Package must be submitted for approval to CDPH MCAH Division prior to the Subcontract/Agency Agreement being signed by either party, unless this prior approval requirement is waived in writing by CDPH MCAH Division.

The following items are needed as additional components to complete the Subcontract Agreement Package:

1. A brief (one page or less) explanation of the award process including all information necessary to evaluate the reasonableness of the price or cost and the necessity or desirability of incurring such cost, if applicable. (See contract Exhibit D (3)).
2. Subcontract Agreement Package consisting of:
  - Subcontract Agreement Transmittal Form
  - Subcontractor/Agency Agreement or copy of waiver letter
  - Proposed Scope of Work (CDPH MCAH Division format is required except for service contracts)
  - Budget (CDPH MCAH Division format is mandatory unless optional format is approved by CM)
  - Detailed Budget Justification

## AGENCY IDENTIFICATION

Agency Name: \_\_\_\_\_

Agreement Number: \_\_\_\_\_ Agreement Term: \_\_\_\_\_

Program Name:             MCAH             BIH             AFLP             CHVP

Approved Program Maximum Amount Payable: \_\_\_\_\_

Program Director/Coordinator: \_\_\_\_\_

**SUBCONTRACTOR IDENTIFICATION**

Subcontractor or Consultant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Subcontractor Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Total Subcontract Amount: \_\_\_\_\_

Is Subcontract:  Single Year Agreement  Multiple Year Agreement

If multiple year term, what is the entire term of Subcontract (i.e., 2012-2016):

Current Fiscal Year (FY) Subcontract Amount: \_\_\_\_\_

Current FY Subcontract Period: \_\_\_\_\_

Federal ID Number or Social Security Number: \_\_\_\_\_

Subcontractor's Program Director (N/A for consultants): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Subcontractor:

For-profit Organization

Non-profit Organization

University

Governmental Agency

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**The Agency certifies that, for the above named subcontractor, all applicable terms and conditions are included within the subcontract.**

Agency Signature:

Title:

\_\_\_\_\_

\_\_\_\_\_

Print Name:

Date:

\_\_\_\_\_

\_\_\_\_\_