HEALTH AND HUMAN SERVICES AGENCY - BEHAVIORAL HEALTH SERVICES Subcontractor/Consultant Pre-Approval Form

Contractor:	Contract #:	Amendment #:	
Program Name:	Funding Source:	State Provider Code: 37-	
Budget Period:	Address:	D/M-C Provider Code:	

CONSULTANTS			Agreement Amount	FOR COR USE ONLY			
AGENCY	INDIVIDUAL	SCOPE of WORK	POSITION / CLASS	AGREEMENT TERM	Agreement Amount	Approved	Not Approved
SUBCONTRACT						FOR COR USE ONLY	
AGENCY	INDIVIDUAL	SCOPE of WORK	POSITION / CLASS	AGREEMENT TERM	Agreement Amount	Approved	Not Approved

SUBCONTRACT/CONSULTANT AGREEMENT PRIOR CONCURRENCE / PRE-APPROVAL

Complete, sign and submit this form for prior concurrence / pre-approval of subcontract and/or consultant agreements per Article 1, §1.4. Do NOT send unsigned agreements to COR. Provide copies of SIGNED subcontract/consultant agreements to COR within 30 days after the effective date of the subcontract/consultant agreement.

Read and reviewed contract Article 1, §1.4, including but not limited to the Mandated Clauses and the Standard Terms and Conditions required in subcontract/consultant agreements.

Policies & Procedures are in place to adequately monitor subcontractors/consultants.

Compliance with CFR 200.459.

NOTE: Expenses related to subcontracts or consultant agreements are subject to denial if there is no written COR pre-approval or if all mandated clauses are not represented in the final, signed agreement.

Contractor Authorized Signature

Print Name & Title

COR: Place a check mark in either the Approved or Not Approved column for each Consultant Agreement or Subcontract and then sign and date below.

Date