

Contractor: _____
Program Name: _____
Budget Period: _____

Contract #:	_____	Amendment #:	_____
Funding Source:	_____	State Provider Code: 37-	_____
Address:	_____	D/M-C Provider Code:	_____

[illegible]

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.

☐ 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	Date
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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.

COR Signature	Date
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