Subcontractor/Tier 2 Prior Approval Request

Subrecipient:		
Person Completing Prior Approval Form:		
Date of Submission to DPH:		
Per Ryan White Part B and HOPWA Subawards: If the subrecipient plans to subcontract for the provision of services to clients, the subrecipient must first gain written prior approval from DPH's STD/HIV/Viral Hepatitis Section. The contractual agreement with another entity must include the scope of work and terms and conditions related to the services they will provide to include all requirements in the parent subaward with DPH. The subrecipient is responsible for providing oversight, monitoring, and Technical Assistance to ensure entities receiving Ryan White Part B and/or HOPWA Program funds comply with all HRSA, HUD and DPH subaward and reporting requirements as stated in the subaward with DPH.		
Prior approval is only required once per subcontract per subaward period of performance (every 3 year subaward).		
Please submit this form to your organization's assigned Contract Monitor for review and approval. Once the subcontract is executed, a copy of the subcontract must be submitted to your Contract Monitor.		
(1) Why is subrecipient seeking a subcontract?		

(0) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(2) Who is the subcontractor? How was the subcontractor chosen?
(3) How much funding will be allocated to the subcontractor and for what services?
(3) How much furtuing will be allocated to the subcontractor and for what services:
(4) Will a contract be executed with the cubcontractor describing the exchange of funds for convisce?
(4) Will a contract be executed with the subcontractor describing the exchange of funds for services?

(5) Within the contract, will subcontractor be held to all the federal and state requirements of the		
subrecipient?		
(6) How will subrecipient provide contractual oversight of the subcontract?		
(7) Subrecipient will be responsible for training on guidelines, program processes, and submission of		
reporting requirements. Does subrecipient agree to provide this training to subcontractor?		

Submitter Signature:	
Submitter Name:	
Date:	
DPH Approver Signature:	
DPH Approver Name:	
Date:	