Subcontract Agreement Between [name of council], and [name of subcontractor] for [type of service to be performed].

[Name of council/legal entity contracting with DHS] having entered into a contract with the Iowa Department of Human services to provide [type of service], agrees to enter into a subcontract with [name of subcontractor], as an independent contractor, for the provision of the services. This agreement is between [council], hereafter to be referred to as “Council” and [name of subcontractor], hereafter to be referred to as “Subcontractor.” The primary contact information for each party listed as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Council contact: [council name] | | Subcontractor: [agency name] | |
| Name |  | Name |  |
| Address |  | Address |  |
| Phone |  | Phone |  |
| E-mail |  | E-mail |  |
|  | | | |
| Council billing contact (if different) | | Program Administrator | |
| Name |  | Name | Prevent Child Abuse Iowa |
| Address |  | Address | 2704 Fleur Drive  Des Moines, IA 50321 |
| Phone |  | Phone | 515-244-2200 |
| E-mail |  | E-mail | pcaia@pcaiowa.org |

This agreement is to subcontract services as outlined in contract [ACFS 16-000] and with effective dates of 7/1/2016[not backdated]-6/30/2017, with the option for up to one, one-year renewal extension. The maximum value of this contract is [amount] per year and all expenditures should be in accordance with budgetary requirements as laid out in contract [contract number].

Reporting Requirements:

The Subcontractor will provide the Council with all necessary records, data, information and documentation as required for the Council to comply with contract obligations for reporting and program evaluation.

* The Subcontractor will submit all monthly reports to the Program Administrator per deadlines outlined in the contract [contract number]. Or
* The Subcontractor will submit all monthly reports to [Council representative] by [timeline].

Evaluation responsibilities

Record retention/storage

Billing processes

* Requests for reimbursement shall be made [to whom, date]
* Requests for reimbursement shall include [specify what, if any accompanying documentation must be sent including monthly expense report or any copies of receipts, if needed]
* Requests shall be processed by the council within [specify deadlines.]
* Payments by Council to Subcontractor shall be made within [specify timeframe] of receipt of payment from the Iowa Department of Human Services. (or other specified payment arrangement)

Compliance/Licensure (Outline steps necessary to ensure licensure or other requirements are met)

Training: [The billing contact] will attend or review training materials from the program administrator to ensure up to date on procedures for billing.

The [contract manager and/or subcontractor] will attend training to review reporting and evaluation requirements.

Council will provide a copy of the full contract [16-000] as an attachment to this document, as well as any subsequent amendments and renewals.

Council shall remain legal body and shall not dissolve during the duration of the contract.

Subcontractor agrees to store records for a minimum of 7 years. The subcontractor agrees to, upon request, grant full access to billing and service records to the Council. (The council can also be responsible for storing the records. All participant records (electronic and hard copy) should be stored securely as per IDHS contractual guidelines.)

Definitions: Program Administrator, Contractor, Subcontractor,

This contract is hereby authorized by:

Council: [legal name] Subcontractor: [legal name]

Council representative Subcontractor representative:

Title: Title:

Date: Date: