COUNTY OF SAN DIEGO - 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		Approved	Not Approved
						☐	☐
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SUBCONTRACT					Agreement Amount	FOR COR USE ONLY	
AGENCY	INDIVIDUAL	SCOPE of WORK	POSITION / CLASS	AGREEMENT TERM		Approved	Not Approved
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				Total:			

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 2, §2.4. 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 2, §2.4, 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**

Print Name and 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**