Behavioral Health Services
Subcontractor/Consultant Agreement
Contractor Checklist
FY 2026-2027

Contractor completes one form for each Subcontract or Consultant Agreement Regardless of Contract Type

General Information

Contractor:		**Contract Annual Dollar Amount: $**
Program Name:		
Contract Number:	**Contract Term:**	**COR:**
Subcontractor / Consultant (Agency and/or Name):		
Subcontractor / Consultant Annual Dollar Amount: $	**Subcontractor / Consultant Agreement Term** (mm/dd/yy – mm/dd/yy)**:**	

Required Subcontract Language

The Subcontractor/Consultant Agreements shall incorporate the **mandatory flow-down clauses** specified in **Article 2.4.2** (previously Article 1.4.2) of the Service Contract Agreement. This article delineates all required provisions that must be included **verbatim** in **all Subcontractor/Consultant Agreements.** Additional articles may be required in addition to the list per funding source requirement. For guidance or assistance with this requirement, please contact your COR.

Instructions: Choose each applicable Article and specify where in the Subcontract/Consultant Agreement each applicable Article can be found. The COR team will review and verify upon receipt of signed documents. Incomplete Agreements could be deemed invalid and may lead to delay and/or denial of payment.

Indicate acknowledgement of the following requirements by checking the associated box:

☐ **Contractor's Relationship to the County of San Diego (Article 2, 2.4 prev. Article 1.4)**
Subcontractor / Consultant has been notified of Contractor's relationship to COSD.

☐ **Prompt Payment (Article 4, 4.6.1)**
Contractor must pay subcontractors within 30 days of receiving payment from COSD and include a conforming payment clause in all subcontracts

☐ **Subcontractor / Consultant Monitoring (Article 2, 2.4.1 prev. Article 1.4.1 and HHSA-G-4.25, 2.6.1)**
Policies and procedures are in place to monitor named Subcontractor / Consultant. **(Please Attach)**

Contractor Representative Name (Print) _____ **Phone #** _____

Contractor Representative Title _____

Contractor Representative Signature _____ **Date** _____