

State of California—Health and Human Services Agency
Department of Health Services



California
Department of
Health Services

SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

November 27, 2006

DV Policy Letter: DV 06-07/03

**To: MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH)/
OFFICE OF FAMILY PLANNING BRANCH
BATTERED WOMEN SHELTER PROGRAM (BWSP) GRANTEES**

**SUBJECT: DOMESTIC VIOLENCE ADMINISTRATIVE POLICIES AND
PROCEDURES – SUBCONTRACT REQUIREMENTS**

Provision four (4) of Exhibit D(S), Special Terms and Conditions of your agreement, requires that Grantees submit, for prior review and approval by the Maternal, Child and Adolescent Health/Office of Family Planning (MCAH/OFP) Branch, a copy of any subcontract agreement that is \$5,000 or more. The provision also states that the California Department of Health Services (CDHS) may, at its discretion, elect to waive this right and that all such waivers shall be confirmed in writing by CDHS.

This letter is to inform you that CDHS/MCAH/OFP is waiving for the remainder of this grant term the requirement that Grantees must submit, for prior review and approval, a copy of the actual written agreement between the Grantee and any subcontractor that is \$5,000 or more. This amount represents the total amount payable through the term of the subcontract. A subcontract term could encompass one or more budget years.

It is still necessary for all Grantees to submit subcontractor agreements to MCAH for the remainder of their current grant terms, only prior review and approval is no longer needed under this waiver. Please continue to submit the Subcontract Agreement Transmittal Form for subcontracts \$5,000 and over. This form has been updated and is available for downloading on our www.safenetwork.net website. If you have not yet submitted your subcontract package, please download this updated form and submit to your Contract Manager promptly.

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Please retain a copy of this letter for audit and administrative review purposes. If you have any questions, please contact your Contract Manager.

Sincerely,

A handwritten signature in cursive script, appearing to read "S. Steinberg M.D.", written in black ink.

Susann J. Steinberg, M.D., Chief
Maternal, Child and Adolescent Health/
Office of Family Planning Branch

Enclosure

cc: Project Director
Fiscal Officer
Contract Manager
Program Consultant
Central File

SUBCONTRACT AGREEMENT TRANSMITTAL FORM

This transmittal form is used to obtain Maternal, Child and Adolescent Health (MCAH) approval of any subcontract of \$5,000 or more for the MCAH Grant term. Complete this form for each subcontract.

GRANTEE IDENTIFICATION

Grantee Name: _____
Grant Number: _____ Grant Term: _____
Contact Person: _____
(Grantee person to contact regarding this subcontract agreement)
Phone Number: _____ FAX Number: _____
E-Mail address: _____

SUBCONTRACTOR INFORMATION

Subcontractor or Consultant Name: _____
Federal I.D. Number or Social Security Number: _____
Address: _____
Subcontract Amount: _____ Subcontract Term: _____
Phone Number: _____ FAX Number: _____
Is the subcontractor a non-profit organization? YES NO

Signature of Subcontractor with Authority to Sign for Agency. _____ Date
(Sign in blue ink)

Title

This is to acknowledge that the above named Subcontractor will comply with the terms and conditions of the above referenced Grant.

Signature of Grantee with Authority to Sign for Agency. _____ Date
(Sign in blue ink)

Title

PROVIDE A BRIEF DESCRIPTION OF THE SUBCONTRACTOR'S
ACTIVITIES ON THE FOLLOWING PAGE

SUBCONTRACT AGREEMENT TRANSMITTAL FORM

SUBCONTRACTOR ACTIVITIES:
