



**All subcontracting requests must be submitted using the Subcontracting Request for Approval form. Services must not be rendered until the subcontracting agreement form has been reviewed and approved by AgeWays.**

**Organization Name:**

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**AgeWays Contracted Service:**

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**Subcontractor Organization Name:**

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**Effective Dates of Subcontract:**

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It is the responsibility of the AgeWays contracted organization to monitor and assess the performance of all assignees or subcontractors for the following:

1. Compliance with AgeWays & the ACLS Bureau Operating Standards Manual for Social & Nutrition Services
2. Timely submission of data to the AgeWays contracted organization
3. Compliance with AgeWays insurance requirements
4. Subject to all conditions and provisions of AgeWays contract

Note: The contractor shall be responsible for the performance of all assignees or subcontractors. Subcontractor agencies may be assessed by the AgeWays to ensure compliance with items listed above.

Name of Person Preparing the Form

Date

AgeWays approves the subcontracting agreement between the parties listed above.

AgeWays denies the subcontracting agreement between the parties listed above.

AgeWays Program Manager

Date

AgeWays Director

Date