



# REQUEST FOR APPROVAL TO SUBCONTRACT WITH A FOR PROFIT AGENCY

State Form 53366 (R / 8-13)

FAMILY AND SOCIAL SERVICES ADMINISTRATION / DIVISION OF MENTAL HEALTH AND ADDICTION

**INSTRUCTIONS:** This form is to be completed by the **applicant agency** and submitted with the application materials.

Contract Identification
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SECTION 1 – IDENTIFICATION OF AGENCIES	
Legal name of Applicant Agency	
Legal name of Agency #1 (agency arranging for services to be provided by another agency through the terms of the subcontract or written agreement)	
Legal name of Agency #2 (agency agreeing to provide the services for Agency #1 through the terms of the subcontract or written agreement)	

SECTION 2 – JUSTIFICATION	
Briefly explain why a for profit agency was selected to provide services to clients rather than a nonprofit.	

SECTION 3 – CONFLICT OF INTEREST	
Attach the following assuring that there is no personal benefit accruing to any staff or board members of any of these agencies as a result of this subcontract.	
<ul style="list-style-type: none"> <li>• a signed statement CEO of Agency #1, and</li> <li>• a signed statement CEO of Agency #2 and</li> <li>• a signed statement CEO of Applicant Agency, if different from Agency #1.</li> </ul>	

SECTION 4 – CERTIFICATION OR LICENSURE STATUS	
Check one of the following:	
<input type="checkbox"/> Agency #2 is certified by the Division to provide the services identified in the subcontract or written agreement.	
<input type="checkbox"/> Agency #2 is certified or licensed by another entity, such as Division of Family Resources or Department of Health. Submit a copy of Agency #2's current license.	
<input type="checkbox"/> Agency #2 is not required to be licensed by local, state, or federal law. Explain:	

SECTION 5 – SIGNATURE OF APPLICANT AGENCY REPRESENTATIVE	
Signature of authorized person	Date (month, day, year)
Type or print name of signatory	Title
Applicant Agency	