## SUBCONTRACTOR PROFILE

##### (COMPLETE FOR EACH SUBCONTRACTOR -Use additional pages as needed)

|  |  |
| --- | --- |
| Legal Name of Agency: | |
| FEIN : | |
| Agency Contact Person: | |
| Title: | |
| Address: | |
| Phone: | Fax: |
| Email: | |
| Amount of Subcontract: | |

##### Brief description the subcontractor agency

##### Description of services to be provided related to the service/program

Justification of the use of subcontractor to meet program goals and outcomes