

Maricopa County
Ryan White Part A Program
Admin Condition of Award – Sub-Contracting

PROVIDER NAME:

GRANT YEAR:

The Maricopa County Ryan White Part A Program requires that all contractors provide information and documentation related to all subcontracts utilized by its agency to perform direct client services funded through the Part A Program. This includes contracted health care professionals, and sub-recipients included in the provider's budget(s). This does not include vendors or consultants.

The provider must submit the following:

1. Copies of all fully executed subcontracts with healthcare professionals and sub-recipients used to provide services funded by Ryan White Part A. All subcontracts must include **mandatory debarment and suspension language** as defined in the Maricopa County contract.
2. Written policies and procedures describing how the provider monitors the subcontractor(s).
3. Completion of the following table (or certification if not applicable), providing a complete list of all sub-contracted direct client services that your agency utilizes to provide the services under each contract within the Ryan White Part A Program.
4. Providers must perform and maintain documentation of EPLS (Excluded Parties List System) checks on all subcontractors listed in the table. <https://www.epls.gov/>

*All Ryan White Part A Program contractors are also subject to the EPLS check by the Ryan White Part A Administrative Agent.

Definitions:

Health Care Professional: a person who by education, training, certification, or licensure is qualified to and is engaged in providing health care.

Sub recipients: A sub recipient is an entity that receives a sub award from a recipient or another sub recipient under an award of financial assistance and is accountable to the recipient or other sub recipient for the use of the Federal funds provided by the sub award. Subcontractors who are sub recipients must also prepare a detailed budget using the RWPA budget template and must complete the following COAs:

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Name of sub-contracting individual or entity	Total Amount of Subcontract	Ryan White Part A Service Category/Contract
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

If your agency does not intend to utilize sub-contractors for Ryan White Part A services during the contract year, please check the box below, fill in your agency name and the contract year on the lines provided.

_____ certifies that it will not use sub-contractors for any Part A service category during the ____ - ____ contract year.
 (name of provider agency) (year-year)