

NEW YORK CITY DEPARTMENT OF SOCIAL SERVICES

OFFICE OF CONTRACTS

SUBCONTRACTOR APPROVAL FORM – 65A (DSS)

I. CONTRACT DETAILS

CONTRACTING AGENCY: HRA/DSS <input type="checkbox"/> DHS <input type="checkbox"/>	UNIT/DIVISION:
CONTRACT NUMBER: CT-	IS CONTRACT REGISTERED: YES <input type="checkbox"/> NO <input type="checkbox"/>
CONTRACT EPIN:	CONTRACT VALUE: \$
CONTRACT DESCRIPTION:	
TYPE: EMERGENCY <input type="checkbox"/> PLA <input type="checkbox"/> HUMAN SERVICE <input type="checkbox"/> NON-HUMAN SERVICE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/>	

II. PRIME CONTRACTOR

PRIME CONTRACTOR:		
CONTRACTOR ADDRESS:	EIN:	
NAME OF SUBMITTER:	TITLE:	EMAIL:

III. PROPOSED SUBCONTRACTOR

SUBCONTRACTOR:	MWBE CERTIFIED: NO <input type="checkbox"/> YES <input type="checkbox"/>	
ADDRESS:	CITY/ STATE:	EIN:
DESCRIPTION OF WORK:		
LOCATION OR NAME OF FACILITY OF WHERE SERVICES WILL BE PERFORMED:		
IS SUBCONTRACTOR USING A SUBCONTRACTOR (2 ND TIER)? NO <input type="checkbox"/> YES <input type="checkbox"/> MWBE CERTIFIED: NO <input type="checkbox"/> YES <input type="checkbox"/>		
NAME:	EIN:	DESCRIPTION OF WORK:
SUBCONTRACT VALUE: \$	START DATE (MM/DD/YY):	
	END DATE (MM/DD/YY):	

IV. SUBMISSION REQUIREMENTS: MARK ALL DOCUMENTS THAT ARE INCLUDED IN THIS SUBMISSION

- | | |
|---|---|
| <input type="checkbox"/> SUBCONTRACTOR IS ENROLLED IN PASSPORT* | <input type="checkbox"/> THREE BIDS* |
| <input type="checkbox"/> PRIME CONTRACTOR HAS ADDED SUBCONTRACTOR TO CONTRACT IN PIP* | <input type="checkbox"/> SUBCONTRACTOR LOG* |
| <input type="checkbox"/> OTHER (SPECIFY): _____ | |
- *REQUIRED FOR PROCESSING*

V. PRIME CONTRACTOR CERTIFICATION

I HEREBY AFFIRM THAT THE INFORMATION SUPPLIED IS TRUE AND CORRECT

SIGNATURE:	TITLE:
PRINT NAME:	SUBMISSION DATE:

VI. SUBCONTRACTOR REVIEW (DSS USE ONLY)

REVIEW CONDUCTED BY:	COMPLETION DATE:
----------------------	------------------

VII. ACCO FINAL DETERMINATION

VIII. SUBCONTRACT VALUE HAS INCREASED SINCE ACCO APPROVAL (CONTRACTING AGENCY USE ONLY)

FINAL DETERMINATION: APPROVED DENIED

*UPDATED SUBCONTRACT VALUE \$ _____

ACCO NOTES/CONDITIONS:

APPROVED BY:

SIGNATURE:

DATE:

TITLE: DATE:

*Approval **only** applies to the increase in cost with no change to the scope of services.