

SUBCONTRACTING REQUEST FOR APPROVAL

Area Agency on Aging 1-B 29100 Northwestern Highway, Suite 400 Southfield, MI 48034

All subcontracting requests must be submitted using the Subcontracting Request for Approval form.

Ser	rvices must not be rendered until the subcontracting agreement form has	been reviewed and approved by AAA 1-B.
C	Organization Name:	
ļ	AAA 1-B Contracted Service:	
9	Subcontractor Organization Name:	
E	Effective Dates of Subcontract:	
	s the responsibility of the AAA 1-B contracted organization to monitosignees or subcontractors for the following:	or and assess the performance of all
1. 2. 3. 4.	Compliance with State and AAA 1-B Minimum Service Standards Timely submission of data to the AAA 1-B contractor organization Compliance with AAA 1-B insurance requirements Subject to all conditions and provisions of the AAA 1-B contract	
	ote: The contractor shall be responsible for the performance of all ass bcontractor agencies may be assessed by the AAA 1-B to ensure com	_
<u>In a</u>	addition, subcontractors providing personal care services must meet	the following guidelines:
 1. 2. 3. 	The subcontractor must be a member of the AAA 1-B Direct Service Purchase (DSP) pool. Personal care aides must be cross-trained to assist in other areas during times when no personal care is required (i.e., office administration, social activities). Supervision of the subcontracted personal care aides during the hours they are on-site at the AAA 1-B contracted organization will be performed by the contract organization.	
Si	ignature to be obtained electronically	
Cor	ntractor Organization: Executive Director/President or ard Chairperson	Date
	gnature to be obtained electronically	<u> </u>
Mid	chael Karson, Chief Executive Officer, AAA 1-B	Date
	The Area Agency on Aging 1-B (AAA 1-B) approves the subcontracting agreement I	petween the parties listed above.
	The Area Agency on Aging 1-B (AAA 1-B) denies the subcontracting agreement bet ison(s):	ween the parties listed above for the following