



**SUBCONTRACTING REQUEST FOR APPROVAL**  
**AgeWays Nonprofit Senior Services**  
**31700 Middlebelt Rd. Suite 140**  
**Farmington Hills, MI 48334**

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**All subcontracting requests must be submitted using the Subcontracting Request for Approval form.**  
**Services must not be rendered until the subcontracting agreement form has been reviewed and approved by AgeWays.**

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**Organization Name:**

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**AgeWays Contracted Service:**

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**Subcontractor Organization Name:**

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**Effective Dates of Subcontract:**

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It is the responsibility of the AgeWays contracted organization to monitor and assess the performance of all assignees or subcontractors for the following:

1. Compliance with AgeWays & the ACLS Bureau Operating Standards Manual for Social & Nutrition Services
2. Timely submission of data to the AgeWays contracted organization
3. Compliance with AgeWays insurance requirements
4. Subject to all conditions and provisions of AgeWays contract

Note: The contractor shall be responsible for the performance of all assignees or subcontractors.  
Subcontractor agencies may be assessed by the AgeWays to ensure compliance with items listed above.

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Name of Person Preparing the Form

Date