



## 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:**

**AgeWays Contracted Service:**

**Subcontractor Organization Name:**

**Effective Dates of Subcontract:**

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