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| Massac | husetts (| Office | for Victim | Assistance |

Sub Contract Approval Request and Certification Form

Directions:

For consultant contracts exceeding a total of \$10,000 and above, a Sub-Contract Request Form must be submitted to MOVA. Approval must be received by sub-recipient prior to the expending of funds. If the consultant is not hired at the time of award, funds may be approved; however, the consultant contract and sub-contract request form (if applicable) must be provided to and approved by MOVA before services are rendered. The sub-recipient must use its own documented procurement procedures consistent with applicable federal and state laws and regulations. Procurement procedures must be formally documented by the subrecipient and periodically reviewed to ensure compliance with applicable regulations.

Sub-recipients shall require any consultants/contractors to comply in writing with the terms and conditions of the respective MOVA contract or ISA and to provide the same assurances as the sub-recipient regarding use of funds. These agreements, unless determined otherwise, would be considered "sub contracts". MOVA's approval of any sub contract shall not relieve sub-recipient of any of its duties or obligations under the terms of the contract including, but not limited to, access to records, audit requirements, etc

| contract shall not relieve sub-recipient of ar | y of its duties or obligations under the te | rms of the contract inclu | ding, but not limited to, access to records, au | dit requirements, etc. | | |
|--|--|----------------------------|---|------------------------|--|--|
| Before approval is given by MOVA to subco | ntract using awarded funds, the below iter | ns must be addressed by tl | ne subrecipient. Responses may be submitted or | n a separate document | | |
| Grant Fund | Grant Fisc | al Year | Date (MM/DD/YY) | | | |
| Agency | | Program | | | | |
| | | | | | | |
| 1. Identify the contractor proposed | by name (person or agency). | | | | | |
| 2. Describe how services were acquired (i.e. competitive solicitation, reviewed multiple bids, interviewed multiple candidates, etc.)? | | | | | | |
| 3. What is the hourly rate (specifical including travel costs) or total contracts) requested? Provide justification and a description of how determined. For example, include sabreakdown, bid amounts, etc. | act cost (specifically for cation for the rate this rate or cost was | | | | | |
| 4. Provide sample language to be utilized in the agreement with the contractor that indicates inclusion within the agreement that the terms of the contract or ISA with MOVA apply to any sub contract (attaching a copy of the agreement suffices). | | | | | | |
| 5. Describe the specific services to be provided and explain why services cannot be offered without the requested subcontract. | | | | | | |
| 6. Provide a statement which certifies no conflict of interest exists and indicate steps taken to ensure no conflict of interest exists. <i>This is to be provided separately on agency letterhead and attached to this form</i> Statement attached | | | | | | |
| Signature | | | | | | |
| For MOVA use Only: | | | | | | |
| ○ Approved ○ Denied | Comments | | | | | |
| Effective July 2023 | | | | | | |