

Form EED-3704B: Subcontract Certification

Contractor Name:

Vendor Number:

County:

Contract Type:

Contract Maximum Reimbursable Amount (MRA):

Total Percentage of MRA Subcontracted:

Subcontractor #1

Subcontractor Legal Name:

Does this subcontractor also contract with EED? Yes No

Has your agency subcontracted with this agency before? Yes No

If yes, please list the name of the site in which subcontracted services will occur, including site address, service county, and the percentage of the contract MRA that will be subcontracted.

If no, please submit a Program Narrative Change to indicate this change. Refer to 5 CCR Section 17800 for subcontractor approval requirements.

Site No.	Site Name	Site Address	Service County	Percentage of MRA Subcontracted
1				
2				
3				
4				

Subcontractor #2

Subcontractor Legal Name:

Does this subcontractor also contract with EED? Yes No

Has your agency subcontracted with this agency before? Yes No

If yes, please list the name of the site in which subcontracted services will occur, including site address, service county, and the percentage of the contract MRA that will be subcontracted.

If no, please submit a Program Narrative Change to indicate this change. Refer to 5 CCR Section 17800 for subcontractor approval requirements.

Site No.	Site Name	Site Address	Service County	Percentage of MRA Subcontracted
1				
2				
3				
4				

CERTIFICATION: By signing this certification, I, the authorized contractor representative, hereby certify, that all applicable state and federal rules and regulations with respect to the subcontracting of contract funds will be observed, that the information contained in this form is correct and complete to the best of my knowledge, and that all records related to subcontracting will be retained as required by applicable law.

Signature

Date