

**Child Care Resource & Referral Services System**

**RFP#: R-04-06-0118**

**ATTACHMENT D  
(Subgrantee Agreement)**

**Instructions: This form is to be completed (with original signatures in blue ink) by the primary grant applicant and include valid signature(s) of, if any, participating subgrantee(s). A separate form must be completed for each subgrantee, if applicable. This form(s) must be submitted with the grant applicant's proposal as specified in the RFP.**

**Subgrantee(s)/Consortium:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Federal Tax ID:** \_\_\_\_\_

**County(ies) Assigned:** \_\_\_\_\_

**Total Dollars Proposed for Subgrantee:** \$ \_\_\_\_\_

**Length of Subgrantee(s) Agreement: From** \_\_\_\_\_ **To** \_\_\_\_\_

*Subgrantee(s) has received and read RFP/Grant Applicant's Proposal and accords with same.*

**9** Yes **9** No (Please Check)

**Description of Work:** \_\_\_\_\_  
\_\_\_\_\_

**Subgrantee Executive Director:**

\_\_\_\_\_ (print) \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

**Subgrantee Associate Director:**

\_\_\_\_\_ (print) \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

**CCR&R Primary Applicant Agency/Consortium**

**Name:** \_\_\_\_\_

**CCR&R Executive Director:**

\_\_\_\_\_ (print) \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

**CCR&R Associate Director:**

\_\_\_\_\_ (print) \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

**CCR&R Board Chairperson/Designee:**

\_\_\_\_\_ **(print)** \_\_\_\_\_ **(signature)** \_\_\_\_\_ **(date)**