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| --- | --- | --- | --- | --- |
| **Provider Agency Name** |   |  |  |  |
| **Provider Director Signature** |   |  |  |  |
| **Subcontractor Agency Name** |   |  |  |  |
| **Subcontractor Manager on Duty** |   |  |  |  |
| **Date of evaluation** |   |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Service Name** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Required Assurances:** |
| **For Profit and Non-Profit Subcontractors:** |   |   |   |   |   |   |   |   |
| 1. Subcontractor has been Suspended or Debarred by the State of NC? (www.osbm.state.nc.us) |   |
|   | Yes |   | No |   | N/A |   |   |   |   |
| *Instructions: If "Yes", notify the subcontractor and contact the Area Agency on Aging for further guidance.* |   |
| 2. Is the subcontractor barred from doing business at the federal level? (www.sam.gov) |   |   |
|   | Yes |   | No |   | N/A |   |   |   |   |
| *Instructions: If "Yes", notify the subcontractor and contact the Area Agency on Aging for further guidance.* |   |
| 3. A notarized "*State Grant Certification of No Overdue Tax Debts"* has been provided by the subcontractor? |
|   | Yes |   | No |   | N/A |   |   |   |   |
| *Instructions: If "No", notify the subcontractor to complete this requirement.* |   |
| **For Profit Subcontractors:** |   |   |   |   |   |   |   |   |   |
| The State of North Carolina has no single generic business license that will ensure compliance with all requirements. Some for-profit businesses may be subject to several state requirements while others may not be subject to any. Therefore, there is no business license requirement. |   |
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| **For Non-Profit Subcontractors:** |  |  |  |  |  |  |  |  |   |
| 1. Is the subcontractor currently registered as charitable organization (501c3) with the federal government? (www.irs.gov/Charities-&-Non-Profits/Exempt-Organizations-Select-Check) |
|
|   | Yes |   | No |   | N/A |   |   |   |   |
| *Instructions: If "No", notify the subcontractor and contact the Area Agency on Aging for further guidance.* |
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| **Subcontract Scope of Work:**  |  |  |  |
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| Is the subcontractor currently meeting the terms and conditions of the subcontract? |   |   |   |  |  |
|   | Yes |   | No |   |   |   |   |   |  |  |
|   |   |   |   |   |   |   |   |   |  |  |
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| If no, please **describe** areas of non-compliance found: |  |  |  |
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| Describe the corrective action plan: |
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|   |   |   |   |   |   |   |   |   |   |
| Was all or part of the DAAS Service Monitoring Tool used to conduct your evaluation? |   |   |   |   |
| If **yes**, please attach. | Yes |   | No |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |
| **AAA ONLY:** Level of Risk: High Moderate Low (Circle one)  |   |   |   |  |  |  |  |  |  |  |

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| ***Instructions:*** *The HCCBG Subcontractor Performance Evaluation is to be completed annually be Community Service Providers who subcontract a portion or all of any HCCBG Service to a non-profit or for-profit entity. This form is to be completed between January - June of each year and submitted to the Area Agency on Aging.* |
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