Children's Board of Hillsborough County

ATTACHMENT (5) - SUBCONTRACT **FY 2027** **Date:** _____

CONTRACT TERM: _____

SUB - AGENCY NAME: _____

SUB - AGENCY ADDRESS: _____

SUB - AGENCY MAILING ADDRESS: _____

LEAD AGENCY NAME: _____

LEAD PROGRAM NAME: _____

PROGRAM ADDRESS(ES): (IF DIFFERENT) _____

Changes in the Following Personnel Require Written Notification from Lead Agency and a Revised Attachment (5)

	First/Last Name	Title	E-mail	Phone Number
SUB-AGENCY OFFICIAL: CEO, President, Owner, etc.- Person with the authority to sign the sub-contract.				
SUB-AGENCY DELEGATE: Someone other than the Sub-Agency Official with the authority to sign the sub-contract and act in the absence of the Sub-Agency Official.				
SUB-AGENCY PROGRAM CONTACT: Person responsible for communicating with Lead Agency regarding Program operations.				
SUB-AGENCY FINANCE CONTACT: Person responsible for communicating with Lead Agency regarding Program fiscal compliance.				
SUB-AGENCY MATRIX REPRESENTATIVE, if applicable.				
BOARD CHAIR/PRESIDENT				