

**(ENTER NAME OF PROGRAM) Subcontractor Information Form**

Complete all sections of this form for any Subcontractor your organization has agreements with for work performed under the respective contract with the Division of Family Health (DFH). If this information is not provided and/or is incorrect in any way, the execution of the respective contract may be delayed. You MUST complete a separate sheet for each subcontractor.

**Grantee Information (Primary Awardee)**

**SFS\* Payee Name:**

**SFS\* Vendor ID #:**

**DFH Contract Number:**

Complete this information for the person(s) in your organization to be contacted regarding issues and/or questions regarding the information provided in the Subcontractor Information section below.

**Primary Contact Name:**

**Primary Contact Phone:**

**Primary Contact Email:**

Complete this information for the person(s) at the Subcontracted organization to be contacted regarding issues and/or questions regarding the information provided in the Subcontractor Information section below.

**Subcontractor Information**

**SFS\* Payee Name (if applicable):**

**SFS\* Vendor ID # (if applicable):**

**DUNS #:**

**Unique Entity ID (SAM.GOV) #:**

**Annual Amount of Subcontract:**     \$

**Total Amount of Subcontract:**     \$

**Primary Contact Name:**

**Primary Contact Phone:**

**Primary Contact Email:**

\*SFS = NYS Statewide Financial System <http://www.sfs.ny.gov>