

**SOUTHERN MISSISSIPPI
PLANNING AND DEVELOPMENT DISTRICT
AREA AGENCY ON AGING**

STATE OF MISSISSIPPI

COUNTY OF: Insert County

SUBAWARD NO.: 0000-00

SUBAWARD FOR: Insert Service

1. Parties -The parties to this subaward are Southern Mississippi Planning and Development District Area Agency on Aging (herein called the Agency) and **Insert Subrecipient Name**. (herein called Subrecipient).

2. Purpose - The purpose of this subaward is to engage the services of the Subrecipient to perform the following services: **XXXXXX Services**. Per Quality Assurance standards under the following sources of funding: **XXXXXXXXX**. Any change of the intent of this subaward must be in writing and mutually assented to by both parties.

3. Service Objectives and Cost -The Subrecipient shall provide, in an expedient and satisfactory manner as determined by normal, reasonable circumstances, the services described in Exhibit B, entitled Service Objectives and Cost. Services shall be performed in accordance with the Quality Assurance Standards attached hereto and made a part of the contract hereof by reference as Exhibit **X**.

4. Period of Performance – The subaward will run for a period of twelve months beginning October 1, 2017 and ending September 30, 2018 with a three year renewal option.
5. Location of Service - Services will be provided in the area(s) of Insert county or counties in which service will be provided.
5. Cost of Subaward -Funding for this subaward will not exceed the amounts shown below for a one year period.

Funding Source	Federal	State	Local Cash	Sub Cash / In-Kind	Program Income	Total
Total Subaward						

This subaward is subject to the availability of funds from all resources. Of the total subaward amount of \$00,000.00. The Subrecipient agrees to furnish a total of \$ 0.00 subrecipient cash, \$ 0.00 in subrecipient in-kind match and \$000.00 in program income.

The Federal/State portion reimbursable to the Subrecipient by the Agency shall not exceed \$00,000.00.

7. Method of Payment - This is to be a Unit Cost or Cost Reimbursement contract.
 The Subrecipient shall submit to the Agency a Financial Reporting Worksheet by the 5th day of each month. The Agency shall process the Financial Reporting Worksheet in its normal course of business, and, if it is found in order, shall cause payment thereon to be made. For Financial Reporting Worksheets to be processed the Agency must receive monthly Program Reports and Financial Reports as outlined in Section 8 of this subaward.

8. Financial and Program Reporting Requirements:

The Subrecipient shall submit to the Agency program reports and financial reports as follows:

	<u>Frequency</u>	<u>Due Date</u>
Service Provider Logs	<u>Monthly</u>	<u>5th Calendar Day</u>
Waiting List	<u>Monthly</u>	<u>5th Calendar Day</u>
Financial Report	<u>Monthly</u>	<u>5th Calendar Day</u>
Closeout Package(s)	<u>Annually</u>	<u>October 31, 2018</u>

9. General Terms and Conditions - This subaward is hereby made subject to the terms and conditions included in Exhibit **X** entitled "General Terms and Conditions", which is attached hereto and made a part hereof by reference.

10. Special Terms and Conditions -

The Program Income Policy is herein made a part of this Contract by reference as reflected in Exhibit **X**.

IN WITNESS WHEREOF the Agency and Subrecipient have executed this subaward on
the _____ day of _____.

AGENCY:

ATTEST: _____

BY: _____

Leonard Bentz, Executive Director
Southern Mississippi Planning and Development

ATTEST: _____

BY: _____

TITLE: Senior Services Division Director

SUBRECIPIENT:

ATTEST: _____

BY: _____

TITLE: _____

