

FY 21  
~~FY 20~~  
~~FY 19~~

**COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF PUBLIC HEALTH**

**Provider/Vendor Name:** FENWAY COMMUNITY HEALTH CENTER
**Vendor VC No:** \_\_\_\_\_

**Program Name:** SOR GRANT
**Contract ID:** INTF2330MM3W19025144

Subcontractors must agree to the Terms and Conditions set forth in the RFR, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. Providers may use the standard subcontract template available through DPH contract managers. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

2. Amount of #1 allocated to identified subcontractors (list below): \$ 40,000

Subcontractor Name	FEIN	Subcontract Amount	Type of Service provided and number of service units, if applicable
City of Somerville Police Dept.		20,000	Post overdose Follow up
City of Everett Fire Dept		20,000	Post overdose Follow up
	TOTAL: (Must = #2 above)	40,000	

Submitted by: Darlene Strumstad Date: 11-1-18 Phone: 617-927-6171  
 Provider/Vendor Authorized Signature  
Darlene Strumstad  
 Print Name

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
DPH Program Manager  
Print Name \_\_\_\_\_

Updated 3/9/2015

You may make additional  
copies FY20/FY21.

If applicable, please complete for UFR Title# 206

**COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF PUBLIC HEALTH**

FY20  
EX-19

**SUBCONTRACTOR IDENTIFICATION LIST FOR DIRECT CARE SERVICES**

Provider/Vendor Name: FENWAY COMMUNITY HEALTH CENTER Vendor VC No: \_\_\_\_\_  
Program Name: SOR GRANT Contract ID: INTF2330MM3W19025144

Instructions: Providers/vendors must complete and submit to DPH at the time of initial contract execution AND when subcontract dollars and/or vendors/providers are added or deleted. This form must be signed by the DPH program representative to indicate program approval PRIOR TO the execution of said subcontract(s).

Subcontractors must agree to the Terms and Conditions set forth in the RFR, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. Providers may use the standard subcontract template available through DPH contract managers. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

1. Total Subcontract Dollars\* \$ 40,000

2. Amount of #1 allocated to identified subcontractors (list below): \$ 40,000

Subcontractor Name	FEIN	Subcontract Amount	Type of Service provided and number of service units, if applicable
City of Somerville Police Dept.		20,000	Post overdose Follow up
City of Everett Fire Dept		20,000	Post overdose Follow up
	TOTAL: (Must = #2 above)	40,000	

3. Amount of #1 not yet allocated to identified subcontractors: \$ 0.00

Submitted by: [Signature] Date: 11-1-18 Phone: 617-927-6171  
Provider/Vendor Authorized Signature  
Doreen Strumstad  
Print Name

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
DPH Program Manager  
Print Name

\* For contracts using Attachment 3, the Program Budget Form, 2 + 3 must = Line 206 of the form.