

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH**


FY	FY26
Contract ID	INTF2354M7822 0129158

**SUBCONTRACTOR IDENTIFICATION LIST FOR NON-
DIRECT CARE SERVICES**

Deliverables which are a primary and integral part of the total program but which are furnished to the program, under contract, by another provider.

Vendor Name:City of Somerville

DPH Program Name:MassCall3

Submitted by: 
Tina Los (Jun 5, 2025 10:36 EDT)
Provider/Vendor Authorized Signature
Tina Los
Print Name

Approved by: _____
DPH Program Manager

Print Name

Date: 6-Jun-2025 Phone: 857-270-3893

Date: _____ Phone: _____

INSTRUCTIONS:

Vendors must complete and submit to DPH at the time of **initial contract execution** AND when **subcontract dollars and/or vendors are added or deleted**. (Including line item adjustments). This form must be signed by the DPH program representative to indicate program approval PRIOR TO the execution of said subcontract(s).

- Vendors are to complete this form each fiscal year when subcontracted \$ are budgeted.
- Vendors are to complete this form with any amendments.
- Identify the Subcontractor and Federal ID number along with \$ amounts and description of service provided in less than 200 words (Individuals are not recorded on this form)
- \$ identified as TBD will require status updates which POS will request quarterly

Subcontractor Name	FEIN	Subcontract Amount	Deliverable	TBD
Town of Arlington	04-6001070	\$43,792.48	Funds to support staff, program implementation and youth stipends	<input type="checkbox"/>
City of Everett-CHA	04-6001386	\$43,402.00	Funds to support staff, program implementation and youth stipends	<input type="checkbox"/>
		\$		<input type="checkbox"/>
		\$		<input type="checkbox"/>

Subcontractors must agree to the Terms and Conditions set forth in the supportive procurement, 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. Vendors may use a 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.

		\$		<input type="checkbox"/>
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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.






Subcontractor Listing for NON Direct Care Services FY26

Final Audit Report

2025-06-06

Created:	2025-06-05
By:	Nora Williams (nwilliams@somervillema.gov)
Status:	Signed
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"Subcontractor Listing for NON Direct Care Services FY26" History

-  Document created by Nora Williams (nwilliams@somervillema.gov)
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