**APPENDIX D (REQUIRED FORMS)**

**EXHIBIT 21 (PROPOSED LIST OF LOWER TIER SUBAWARDS)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Select the certification below that is applicable to Proposer’s use of lower tier subrecipient(s)/lower tier subaward(s): | | | | | | |
| Proposer intends to use lower tier subrecipient(s)/subaward(s) to provide Program Services (details are provided in the chart below). | | | | | | |
| Proposer will not use lower tier subrecipient(s)/subaward(s) to provide Program Services. | | | | | | |
|  | | | | | | |
| **Lower Tier Subrecipient** | | **Contact Person’s Name and Phone Number** | **Description of the Work/Services to be Performed** | **Program Services** | **Lower Tier Subaward Amount (Estimated)** |
| **Legal Name** | **Address and Phone Number** |
| Click here to enter text. | Click here to enter address.  Click here to enter phone number. | Click here to enter name.  Click here to enter phone number. | Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter text for “Other”. |
| Click here to enter text. | Click here to enter address.  Click here to enter phone number. | Click here to enter name.  Click here to enter phone number. | Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter text for “Other”. |
| Click here to enter text. | Click here to enter address.  Click here to enter phone number. | Click here to enter name.  Click here to enter phone number. | Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter text for “Other”. |
| Click here to enter text. | Click here to enter address.  Click here to enter phone number. | Click here to enter name.  Click here to enter phone number. | Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter text for “Other”. |