**APPENDIX D (REQUIRED FORMS)**

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

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| --- |
| 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”. |