**SubGRANTEE/SUBcontractor Reporting Form**

**This form must be completed in its entirety and submitted prior to grant execution and updated as necessary and provided to the State as additional subgrantees/subcontractors are hired.**

Grantee is required to provide a list of subgrantees/subcontractors along with lists of subgrantees/subcontractor’s subgrantees/subcontractors and by whom those subgrantees/subcontractors are insured for workers’ compensation purposes. Include additional pages if necessary.

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| **Subgrantee/contractor** | **Insured By** |  | **Subgrantee/subcontractor’s Sub** | **Insured By** |
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