

**ATTACHMENT H**

Community Behavioral Health (CBH)  
SUBCONTRACTORS

Please list subcontractors, **if known at this time**, that will be used in connection with the projects and phases within this RFP. If not known for a specific Specialty, please indicate "Unknown".

Name and Address of Subcontractor	Specialty	% of Work	Worked with Prime Before? Yes or No
1			
2			
3			
4			
5			
6			
7			
8			