

AdvantageMe CT# _____

DHHS Agreement # _____

This form is used for contracting casual, intermittent or other special services for which the Department may pay the Contractor during the fiscal year a maximum of \$5,000.00. One signed copy of the agreement should be submitted to the Division of Purchases.

STATE OF MAINE - AGREEMENT FOR SPECIAL SERVICES

THIS AGREEMENT, made this _____ day of _____ 20____ is by and between the State of Maine, _____ hereinafter called "Department," and _____ hereinafter called "Contractor," located at: _____

WHEREAS IT IS AGREED THAT:

- The Contractor will perform the following services for the Department: _____ at the location of _____ Commencement Date _____ Termination Date _____
- The Department shall pay the Contractor for services rendered a fixed price of \$_____ (maximum of \$5,000.00). Payment to be made by the Department after receipt and certification of itemized invoice(s) submitted upon the Contractor's usual billing form or letterhead.
- The Contractor is an independent contractor for whom no Federal or State Income Tax will be deducted by the Department, and for whom no retirement benefits, workers' compensation protection, survivor benefit insurance, group life insurance, vacation and sick leave, liability protection, and similar benefits available to State employees will accrue.
- The Contractor will indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses occurring or resulting to any person, firm or corporation who may be injured or damaged by the Contractor in the performance of this agreement; and any and all claims and losses accruing or resulting to any and all contractors, subcontractors, materiel men, laborers and any other person, firm or corporation furnishing or supplying work, services, materials or supplies to, on behalf of or at the request of the Contractor, in connection with the performance of this agreement.
- This agreement may be terminated upon ten days' written notice by either the Department or the Contractor, but, in the absence of such notice, will terminate on the Termination Date indicated above.

IN WITNESS WHEREOF, the Department and the Contractor, by their representatives duly authorized, have executed this agreement in one original copy.

CONTRACTOR:

DEPARTMENT:

Company (if applicable)

Department of Health and Human Services

By _____
Authorized Signature

By _____
Authorized Signature

Printed Name and Title (if any)

Russell J. Begin, Deputy Commissioner for Finance

Vendor/Customer Number

Address: _____

Address: _____

VC NUMBER	DOC TOTAL	FND	DEPT	UNIT		SUB UNIT		OBJ		JOB NO.	PROGRAM