

State Encumbrance (CT) #

State Agreement #

Vendor/Customer #

AGREEMENT FOR STATE/UNIVERSITY COOPERATIVE PROJECT

This Agreement is entered into by and between the University of Maine System, acting through the **University of (Enter)**, hereinafter referred to as the "University", and the State of Maine, **Department of Health and Human Services**, hereinafter referred to as the "Department", for the purpose of undertaking a project of mutual interest. This project shall be carried out under the terms and conditions of the General Policy Agreement for State/University Cooperative Projects dated September 12, 1989; except as may be modified herein.

The Project Period shall be from **(Enter)** through **(Enter)**.

The Specifications of Work to be Performed during the Project shall be as described in the attached Rider A, incorporated herein.

Name of Project

Department Cooperator

Russell J. Begin
Deputy Commissioner for Finance
Department of Health and Human Services
221 State Street, Augusta, ME 04333-0011

University Cooperator

Name
Title/Position
University of (Enter)
Mailing Address

Department Administrator

John Kramer
Cooperative Agreement Administrator
Department of Health and Human Services
221 State Street, Augusta, ME 04333-0011

University Administrator

Name
Title/Position
University of (Enter)
Mailing Address

Source and Allocation of Project Funds

Source of Funds		Allocation of Funds	
Federal/ State / Other/ University	Amount	State/ Local	University
Federal Funds			
State Funds			
Other Funds			
University Funds			
Total Source and Allocations	\$ -	\$ -	\$ -

Total project costs for the period of this agreement shall not exceed **\$000.00**, of which **\$000.00** shall be provided by the Department and **\$000.00** shall be provided by the University.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

UNIVERSITY OF (Enter)

Authorized Signature Date

Authorized Signature Date

Russell J. Begin
Deputy Commissioner for Finance
Department of Health and Human Services

Name
Title/Position
University of (Enter)

Approved by the State Purchases Review Committee

Name _____

Title _____