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
Name (see General Policy Agreement, Paragraph 3)
Title/Position
Department of Health and Human Services
Mailing Address

University Cooperator
Name (see General Policy Agreement, Paragraph 3)
Title/Position
University of (Enter)
Mailing Address

Department Administrator
Jaye-Ellen Parker
Cooperative Agreement Administrator
Department of Health and Human Services
221 State Street, Augusta, ME 04333-0011

University Administrator
Name (see General Policy Agreement, Paragraph 2)
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

Authorized Signature Date

William W. Boeschenstein, Jr.,
Chief Operating Officer
Department of Health and Human Services

Approved by the State Purchases Review Committee

Name _____

Title _____

UNIVERSITY OF (ENTER)

Authorized Signature Date

Name
Title/Position
University of (Enter)