

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			
<b>Total Source and Allocations</b>	\$ -	\$ -	\$ -

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 \_\_\_\_\_