Advantage CT #:

DHHS Agreement #:

Vendor/Customer #:

**State of Maine**

**Department of Health and Human Services**

Agreement to Purchase Services

THIS AGREEMENT, made this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_, is by and between the State of Maine, Department of Health and Human Services, hereinafter called “Department,” and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereinafter called “Provider”, for the period of Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_ to End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

WITNESSETH, that for and in consideration of the payments and agreements hereinafter mentioned, to be made and performed by the Department, the Provider hereby agrees with the Department to furnish all qualified personnel, facilities, materials and services and in consultation with the Department, to perform the services, study or projects described in Rider A, and under the terms of this Agreement. The following riders are hereby incorporated into this Agreement and made part of it by reference:

|  |  |  |
| --- | --- | --- |
| Rider A | – | Specifications of Work to be Performed |
| Rider B | – | Payment and Other Provisions |
| Rider D | – | Additional Requirements |
| Rider E | – | Program Requirements |
| Rider F | – | Budget; F-1 Agreement Settlement Form; F-2 Agreement Compliance Form |
| Rider G | – | Identification of Country In Which Contracted Work Will Be Performed |
| Rider I | – | Assurance of Compliance |
| BAA | – | Business Associate Agreement (Requires Signature) |
| Rider | – | Exceptions |

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

**Department of Health and Human Services**

By:

Samuel G. Adolphsen; Chief Operating Officer

Alexander Porteous, Deputy Commissioner of Finance

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

and

**Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By: ­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title, Provider Representative

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Total Agreement Amount: **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The approval and encumbrance of this Agreement by the Chair of the State Procurement Review Committee and the State Controller is evidenced only by a stamp affixed to this page or by an Approval Cover Page from the Division of Purchases.