

**State of Minnesota**

**Interagency Agreement**

 SWIFT Contract Number:

**Instructions:** Instructions for completing this form are in **red**. Fill in every blank and **delete all instructions** before sending this to the Contractor. Include an encumbrance worksheet in order to assist with encumbering the money for this Contract.

This Interagency Agreement (“Agreement”) is between the Minnesota Departments of [Name of State agency or board] and [Name of State agency or board].

**Agreement**

# Term of Agreement

## Effective date. [Spell out full date (e.g., April 1, 2019)], or the date the State obtains all required signatures under Minn. Stat. § 16C.05, subd. 2, whichever is later.

## Expiration date. [Spell out full date (e.g., March 31, 2020)], or until all obligations have been satisfactorily fulfilled, whichever occurs first.

# Scope of Work

[Provide sufficient detail in the duties of each of the parties. Do this by either: 1) Listing the agencies’ duties, deliverables, and if you are attaching an exhibit be sure to incorporate it into the agreement. For example: “See Exhibit A, which is attached and incorporated into this Agreement.”]

# Consideration and Payment

[Explain how each party will be paid and when invoices will be provided.

Examples: “an hourly rate of $\_\_ up to a maximum of \_\_ hours, not to exceed $\_\_;” or “a lump sum of $\_\_;” or “according to the breakdown of costs contained in Exhibit B, which is attached and incorporated into this Agreement.”

The total obligation of [Name of State agency or board] for all compensation and reimbursements to [Name of State agency or board] under this Agreement will not exceed $[total contract value].

# Conditions of Payment

All services provided by [Name of State agency or board] under this Agreement must be performed to [Name of State agency or board]’s satisfaction, as determined at the sole discretion of [Name of State agency or board]’s Authorized Representative.

# Authorized Representative

[Name of State agency or board]’s Authorized Representative is [name, title, address, telephone number], or his/her successor or delegate.

[Name of State agency or board]’s Authorized Representative is [name, title, address, telephone number], or his/her successor or delegate.

# Amendments

Any amendment to this Agreement must be in writing and will not be effective until it has been executed and approved by the same parties who executed and approved the original agreement, or their successors in office.

# Liability

Each party will be responsible for its own acts and behaviors and the results thereof.

# Termination

Either party may terminate this agreement at any time, with or without cause, upon 30 days’ written notice to the other party.

**State Encumbrance Verification**

*Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05*

Print Name:

Signature:

Title: Date:

SWIFT Contract No.

**[Name of State Agency]**

*With delegated authority*

Print Name:

Signature:

Title: Date:

**[Name of State Agency]**

*With delegated authority*

Print Name:

Signature:

Title: Date: