

- [1. INSTRUCTIONS FOR COMPLETING THIS FORM ARE IN BRACKETS. FILL IN EVERY BLANK AND DELETE ALL INSTRUCTIONS BEFORE SENDING THIS TO THE GOVERNMENTAL UNIT.
2. INCLUDE AN *ENCUMBRANCE WORKSHEET* IN ORDER TO ASSIST WITH ENCUMBERING THE MONEY FOR THIS AGREEMENT.]

**STATE OF MINNESOTA  
INTERAGENCY AGREEMENT**

This agreement is between the Minnesota Departments of [FILL IN THE AGENCY NAME] and [FILL IN THE AGENCY NAME].

**Agreement**

**1 Term of Agreement**

1.1 **Effective date:** [INSERT DATE], or the date the State obtains all required signatures under Minnesota Statutes Section 16C.05, subdivision 2, whichever is later.

1.2 **Expiration date:** [INSERT DATE], or until all obligations have been satisfactorily fulfilled, whichever occurs first.

**2 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 CONTRACT. FOR EXAMPLE: "SEE EXHIBIT A, WHICH IS ATTACHED AND INCORPORATED INTO THIS AGREEMENT."]

**3 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 \$\_\_\_\_\_." IF YOU ARE USING A BREAKDOWN OF COSTS AS AN ATTACHMENT USE THE FOLLOWING, "ACCORDING TO THE BREAKDOWN OF COSTS CONTAINED IN EXHIBIT B, WHICH IS ATTACHED AND INCORPORATED INTO THIS AGREEMENT". ]

The total obligation of \_\_\_\_\_ for all compensation and reimbursements to \_\_\_\_\_ under this agreement will not exceed \$[GIVE TOTAL CONTRACT VALUE].

**4 Conditions of Payment**

All services provided by \_\_\_\_\_ under this agreement must be performed to \_\_\_\_\_'s satisfaction, as determined at the sole discretion of \_\_\_\_\_'s Authorized Representative.

**5 Authorized Representative**

\_\_\_\_\_'s Authorized Representative is [NAME, TITLE, ADDRESS, TELEPHONE NUMBER], or his/her successor.

\_\_\_\_\_'s Authorized Representative is [NAME, TITLE, ADDRESS, TELEPHONE NUMBER].

**6 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.

**7 Liability**

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

**8 Termination**

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

**1. STATE ENCUMBRANCE VERIFICATION**

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

Signed: \_\_\_\_\_

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

**3. [name of state agency]**

By: \_\_\_\_\_  
(with delegated authority)

Title: \_\_\_\_\_

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

**2. [name of state agency]**

By: \_\_\_\_\_  
(With delegated authority)

Title: \_\_\_\_\_

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