

F.Y.	Cost Center	Obj. Code	Amount	Vendor #	P.O. #

[INSTRUCTIONS FOR COMPLETING THIS FORM ARE IN ITALICS AND BRACKETS. PLEASE COMPLETE EVERY FIELD AND DELETE ALL INSTRUCTIONS INCLUDING THE BRACKETS.]

STATE OF MINNESOTA

MINNESOTA STATE COLLEGES AND UNIVERSITIES

[INSERT NAME OF COLLEGE/UNIVERSITY/SYSTEM OFFICE]

INTRA-AGENCY AGREEMENT

[THIS FORM IS NOT TO BE USED FOR SHARED EMPLOYEES. If sharing MnSCU employees is contemplated as part of this agreement, contact your HR office for guidance and Shared Employee form.]

This form may ONLY be used for agreements between two or more members of the Minnesota State Colleges and Universities. This form may NOT be used for agreements with private parties or with the University of Minnesota. UNLESS ALL SIGNATORIES TO THIS DOCUMENT ARE EMPLOYEES OF THE MINNESOTA STATE COLLEGES AND UNIVERSITIES, THIS AGREEMENT SHALL BE INVALID AND UNENFORCEABLE.

1. This Intra-Agency Agreement is entered into between *[Insert full name of College/University/System Office.]* and *[Insert full name of College/University/System Office]*.

The purpose of this Agreement is:

[Insert a short, but clear, description of the Agreement/Goal]

The Parties Agree That: *[Insert numbered paragraphs outlining the Agreement. Specifically list each College's/University's/System Office's responsibilities. Describe items such as services or materials to be provided, deadlines, times, location(s) at which the Agreement will be carried out, amounts of any payments, dates due, regulations/rules/certifications which apply and identify the College/University/System Office authorized representative for each party. If including an attachment, you must indicate that an attachment is incorporated into this Agreement, by including the following language in this Agreement: "Perform the duties specified in Attachment A, which is attached and incorporated into this agreement."]*

2. Unless the parties have agreed to a different method of dispute resolution, as attached to this Agreement, they shall submit the dispute to the Chancellor or the Chancellor's designee for resolution.
3. This Agreement may be amended at any time with the mutual written consent of each College/University/System Office.

4. This Agreement is effective on *[Insert full date (e.g., January 29, 2014)]* or upon the date the final required signature is obtained, whichever occurs later, and shall remain in effect until *[Insert full date (e.g., June 15, 2014)]* or until all obligations set forth in this agreement have been satisfactorily fulfilled, whichever occurs first. The parties understands that no work should begin under this agreement until all required signatures have been obtained.
5. Other provisions: *[If none, write "NONE"]*

[Note: If sharing MnSCU employees is contemplated to carry out this agreement, contact your HR office for guidance and Shared Employee form.]

The rest of this page intentionally left blank. Signature page to follow.

[When finalizing document, format document so the entire signature page remains on the last page.]

IN WITNESS WHEREOF, the parties have caused this agreement to be duly executed intending to be bound thereby.

APPROVED:

1. *[INSERT NAME OF COLLEGE/ UNIVERSITY/ SYSTEM OFFICE]*

By (authorized college/university/System Office signature)
Title
Date

2. *[INSERT NAME OF COLLEGE/ UNIVERSITY/ SYSTEM OFFICE]*

By (authorized signature)
Title
Date

3. VERIFIED AS TO ENCUMBRANCE

By (authorized signature)
Title
Date

4. AS TO FORM AND EXECUTION

By (authorized college/university/system office initiating agreement)
Title
Date