STATE OF COLORADO

INTERAGENCY AGREEMENT

SHORT FORM

Paying State Agency

Insert Department or IHE’s Full Legal Name

Performing State Agency

Insert Department or IHE’s Full Legal Name

Agreement Number

Insert CMS number or Other Agreement Number Encumbrance Number of Financial System Designation

Agreement Performance Beginning Date

The later of the Effective Date or Month Day, Year

Agreement Expiration Date

Month Day, Year

Agreement Maximum Amount

Term

State Fiscal Year 20xx: $0.00

State Fiscal Year 20xx: $0.00

State Fiscal Year 20xx: $0.00

State Fiscal Year 20xx: $0.00

State Fiscal Year 20xx: $0.00

**Total** for All State Fiscal Years: **$0.00**

Agreement Authority

Insert Brief Description of the Authority to enter into the Agreement

Agreement Purpose and Obligations of the Parties

Provide a description of the work that will be performed or "See attached IA quote".

Exhibits and Order of Precedence

The following Exhibit(s) and attachment(s) are included with this Agreement:

1. Exhibit A – Statement of Work

In the event of a conflict or inconsistency between this Agreement and any Exhibit or attachment, such conflict or inconsistency shall be resolved by reference to the documents in the following order of priority:

1. Exhibit A, Statement of Work and Budget or Order Form.
2. Include any applicable special terms and conditions required under a grant or by Federal or State laws, regulations, or policies.

Principal Representatives

For the Paying State Agency:

Name

Department/IHE Name

Address Line 1

Address Line 2

City, State ZIP

Email

For the Performing State Agency:

Name

Department/IHE Name

Address Line 1

Address Line 2

City, State ZIP

Email