

# STANDARD AGREEMENT FORM

1. Agency Contract Number	2. ASPS Number N/A	3. Financial Coding	4. Agency Assigned Encumbrance Number
5. Vendor Number		6. Alaska Business License Number	
This contract is between the State of Alaska,			
7. Department of DCCED		Division Alaska Seafood Marketing Institute	hereafter the State,
8. and,		hereafter the Contractor	
Mailing Address	Street or P.O. Box	City	State ZIP + 4
<p><b>ARTICLE 1. Appendices:</b> Appendices referred to in this contract and attached to it are considered part of it.</p> <p><b>ARTICLE 2. Performance of Service:</b></p> <p>2.1 Appendix A (General Provisions), Articles 1 through 14, governs the performance of services under this contract.</p> <p>2.2 Appendix B sets forth the liability and insurance provisions of this contract.</p> <p>2.3 Appendix C sets forth the services to be performed by the contractor.</p> <p>2.4 Appendix D sets forth the financial considerations of this contract.</p> <p>2.5 Appendix E sets forth specific rates to be utilized during this contract (if applicable).</p> <p><b>ARTICLE 3. Period of Performance:</b> The period of performance for this contract begins _____ and ends _____.</p> <p><b>ARTICLE 4. Considerations:</b></p> <p>4.1 In full consideration of the contractor's performance under this contract, ASMI shall pay the contractor a sum not to exceed \$ _____ in accordance with the provisions of Appendix D.</p> <p>4.2 When billing ASMI, the contractor shall refer to the Authority Number or the Agency Contract Number and submit the billing to:</p>			
10. Department of Community and Economic Development		Attention: Division of Alaska Seafood Marketing Institute	
Mailing Address 311 N Franklin St., Suite 200		Attention:	
<b>11. CONTRACTOR</b>		<b>13 CERTIFICATION:</b> I certify that the facts herein and on supporting documents are correct, that this voucher constitutes a legal charge against funds and appropriations cited, that sufficient funds are encumbered to pay this obligation, or that there is a sufficient balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the variety, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-820. Other disciplinary action may be taken up to and including dismissal.	
Name of Firm			
Signature of Authorized Representative	Date		
Typed or Printed Name of Authorized Representative			
Title	Employer ID No. (EIN or SSN)		
<b>12. CONTRACTING AGENCY</b>		Signature of Authorizing Official or Procurement Officer      Date	
Department/Division Alaska Seafood Marketing Institute	Date	Typed or Printed Name of Authorizing Official <b>Ray Riutta</b>	
Signature of Project Director			
Typed or Printed Name of Project Director			
Title Admin/Fiscal Officer		Title <b>Executive Director</b>	