

AGREEMENT FOR

BETWEEN

THE UNIVERSITY OF TEXAS M. D. ANDERSON CANCER CENTER

AND

M. D. Anderson Agreement No. 506- ____.

This Agreement ("Agreement"), effective as of ____, 2004, is by and between The University of Texas M. D. Anderson Cancer Center ("M. D. Anderson"), a component institution of The University of Texas System ("System"), which has its principal address at 1515 Holcombe Boulevard, Houston, Texas 77030, and ____, which has its principal address at ____ ("Contractor"). In consideration of the Recitals and the mutual benefits and covenants in this Agreement, the parties hereby confirm and agree as follows:

RECITALS

- A. M. D. Anderson desires to obtain certain goods and/or services as described in the Scope of Work attached hereto as Rider 101; and
- B. Contractor represents that it has the knowledge, ability, skills and resources to provide the services required under this Agreement, and M. D. Anderson in reliance on such assurances is willing to contract with Contractor on the terms and conditions set forth in this Agreement.

AGREEMENT

Section 1. TERM OF AGREEMENT:

- 1.1 The term of this Agreement will be for a period of ____ (__) months, commencing on ____ and continuing through ____, unless sooner canceled or terminated in accordance with the provisions of this Agreement, including all riders, schedules, exhibits, or other documents attached to and incorporated into this Agreement.
- 1.2 M. D. Anderson will have the right to renew this Agreement every twelve (12) months for a 12-month term for a maximum of three (3) renewal periods, subject to the terms and conditions in this Agreement. A renewal will be effective if evidenced by a written renewal notice signed by M. D. Anderson and delivered to Contractor prior to termination.

Section 2. SCOPE OF WORK:

- 2.1 Contractor will provide the goods and/or services to M. D. Anderson as described in the Scope of Work attached hereto as Rider No. 101.

Section 3. CONSIDERATION AND INVOICING:

- 3.1 For services rendered, Contractor will be compensated in accordance with the Fee Schedule attached hereto as Rider No. 102.
- 3.2 The total cost of the goods and/or services under this Agreement will not exceed \$____ (the "Cap Amount") without the prior written authorization of M. D. Anderson's Procurement Services Department. Absent prior written authorization, invoices for amounts in excess of the Cap Amount will not be paid and will be returned unpaid.

3.3 Invoices must be submitted to:

Original
Accounts Payable
The University of Texas
M. D. Anderson Cancer Center
P.O. Box 301401
Houston, Texas 77230-1401

Copy
Customer Department
Customer Name
Title
The University of Texas
M. D. Anderson Cancer Center
1515 Holcombe Blvd., Unit Customer's #
Houston, Texas 77030

3.4 If M. D. Anderson's expenditures under this Agreement reach or exceed \$100,000, Contractor will submit a plan for the utilization of Historically Underutilized Businesses ("HUB") in accordance with M. D. Anderson's requirements. If any purchase order issued for less than \$100,000 in connection with this Agreement ultimately reaches or exceeds that amount due to later additions or other changes to this Agreement, Contractor will immediately comply with all HUB subcontracting requirements. Contractor may obtain information regarding such requirements from M. D. Anderson's HUB Manager at (713) 745-8300. If Agreement or any resulting purchase order is not conducive to HUB and/or subcontracting opportunities, M. D. Anderson's Procurement Services will execute the required M. D. Anderson form stating such. Otherwise, all HUB forms are attached hereto as Rider 104.

3.5 Contractor must reference the Purchase Order number and Contractor's Tax Identification number on all invoices. Moreover, all correspondence regarding this Agreement must reference the Agreement number.

3.6 Contractor will submit invoices within sixty (60) calendar days of completion of the work being invoiced. M. D. Anderson will not be obligated to pay invoices that are not received within sixty (60) calendar days of completion of the work, unless any valid delays are identified to, and approved in writing by, M. D. Anderson prior to the delay.

Section 4. PROJECT COORDINATOR & ACCEPTANCE OF WORK:

4.1 All work performed under this Agreement will be subject to the review, coordination, and approval of a Project Coordinator. Unless and until a successor is appointed by M. D. Anderson, the Project Coordinator will be:

4.2 All the work performed under this Agreement will be completed to the satisfaction of the Project Coordinator, who will, in all cases, determine the amount, quality, acceptability and fitness of the work that is to be paid for under this Agreement. The Project Coordinator will decide all questions that may arise as to the fulfillment of the Agreement on the part of Contractor, and the Project Coordinator's determination and decision thereon will be final and conclusive.

4.3 If the work performed by Contractor does not conform to the requirements of this Agreement as determined by the Project Coordinator, M. D. Anderson, at its option, may request Contractor to re-perform the work at no additional charge to M. D. Anderson or may request a deduction from the contract price as mutually agreed upon between Contractor and M. D. Anderson.

Section 5. ATTACHMENTS

The documents marked below are attached to and fully incorporated into this Agreement as substantive parts of this Agreement.			
	Rider 101. Scope of Work/Specifications		Rider 107. Travel Policy
	Rider 102. Fee Schedule		Rider 108. Data Compliance
X	Rider 103. Standard Terms & Conditions		Rider 109. Confidential/Non-Disclosure Statement
	Rider 104. HUB Plan		Rider 110. Source Code Escrow
	Rider 105. Contractor's Affirmations & Warranties		Rider 111. Business Associate Agreement
	Rider 106. Premises Rules		Other

Having agreed to the foregoing terms, and with the intention of being bound, the parties have executed this Agreement as of the dates shown below.

The University of Texas
M. D. Anderson Cancer Center

[Insert Contractor's Name]

(Name)
Contract Administrator
Procurement Services

By: _____
Authorized Signature

[Insert Name & Title]

Date

Tax Identification No.

Date

Dear Vendor: Please review this three page agreement and all attached Riders.

REVIEW

This proposed Agreement and all "X" attachments have been reviewed and

() are acceptable

() are acceptable as noted

Signed

Printed Name

Vendor

Date

(This box is used for RFP responses only.)