AGREEMENT BETWEEN

The University of Utah on behalf of the: NATIONAL NETWORK OF LIBRARIES OF MEDICINE MIDCONTINENTAL REGION

AND

THE UNIVERSITY OF KANSAS SCHOOL OF MEDICINE,

Type: Reimbursable

Subrecipient: Teresa R. Coady, Manager
George J. Farha Medical Library
1010 N. Kansas
Wichita, KX 67214-3199

Project Title: RFP: Access to Electronic Health Information
Amount $39,950

University of Kansas School of Medicine agrees to the following terms and conditions herein.

Section A – Statement of Work

University of Kansas School of Medicine agrees to provide its best efforts in performance as described in the Work Statement attached hereto as Exhibit A.

Section B – Period of Performance

The period shall be from March 1, 2003 through August 31, 2004, unless such period is extended in writing by both parties.

Section C – Consideration

In consideration of the performance hereunder, the amount of $39,950 is agreed to as set forth in the detailed budget contained in Exhibit B attached hereto.

Section D – Payment
Progress payments shall be made based upon quarterly requests submitted. The amounts of all such progress payments shall be limited exclusively to allowable costs and shall be based upon verified progress in completing the performance. Each request should state the period being requested and should be submitted on University of Kansas School of Medicine’s standard billing form. All requests should reference Prime Contract No. NO1-LM-1-3514. Invoices shall be delivered to:

Claire Hamasu, Associate Director
NN/LM-Midcontinental Region
Eccles Health Sciences Library
10 North 1900 East, Building 589
Salt Lake City, Utah 84112-5890

Section E – Principal Investigator

University of Kansas School of Medicine’s principal investigator(s) is Teresa R. Coady, Manager.

Section F – Termination

This Agreement may be terminated by either party in the event of substantial failure by the other party to fulfill its obligations under this Agreement through no fault of the terminating party, provided that no termination may be effected unless the defaulting party is given: a) not less than 30 calendar days written notice (by certified mail, return receipt requested) of terminating party’s intent to terminate, and b) an opportunity for consultation with the terminating party prior to termination. Upon receipt of notice of termination, University of Kansas School of Medicine may discontinue all Work. In the event of such termination, University of Kansas School of Medicine shall be entitled to receive just and equitable compensation for any services completed to the date of termination in a satisfactory manner, as determined by the Sponsor and the National Network of Libraries of Medicine-Midcontinental Region. Such compensation shall not exceed the maximum amount payable under this Agreement.

Section G – Confidentiality

University of Kansas School of Medicine acknowledges that the University of Utah is a governmental entity and thus subject to the Utah Governmental Records Access Management Act, Section 63-2-101 et seq., Utah Code Ann. (1997 and supp 1998 as amended) (“GRAMA”) and Section 53B-16-301 et seq., Utah Code Ann. (1994 and Supp. 1998). Pursuant to GRAMA and Section 53B-16-301 et seq., this Agreement, and confidential information provided pursuant hereto, may be subject to public disclosure. Any person who provides records that such person believes should be protected from disclosure for business reasons must, pursuant to Section 63-2-308 of GRAMA and Section 53B-16-304, provide to the University of Utah a written claim of business confidentiality and a concise statement of reasons supporting such claim.
IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their
duly authorized representatives effective as of this ________ day of ___________ , 2002.

NATIONAL NETWORK OF LIBRARIES
OF MEDICINE/MIDCONTINENTAL REGION

UNIVERSITY OF KANSAS SCHOOL OF
MEDICINE

UNIVERSITY OF UTAH

By: ____________________________                  By: ____________________________

                 Signature                                           Signature

Name: ____________________________                  Name: ____________________________

(Please print)                                            (Please print)

Title: ____________________________                  Title: Director

Date: ____________________________                  Date: ____________________________

Reviewed By: __________________________________

Wayne Peay, Director
National Network of Libraries of Medicine/Midcontinental Region