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

***HIDDEN TEXT [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**

SYSTEM OFFICE

**INTRA-AGENCY AGREEMENT**

***HIDDEN TEXT [THIS FORM IS NOT TO BE USED FOR SHARED EMPLOYEES. If sharing MINNESOTA STATE 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.] and Minnesota State Colleges and University System Office.

The purpose of this Agreement is:

Actively participate in the Minnesota State Ability to Benefit (AtB) State-Defined Process Plan, including integration of planning and services with selected Adult Basic Education (ABE) Partners, admission of students engaged in a high school completion or equivalency program, but who do not yet have a high school credential, and adherence with AtB program compoenents, processes and intent.

The Parties Agree That:

(College) agrees, to the best of their ability, to do the following:

1) Identify and select Career Pathway Programs that meet the WIOA Career Pathway definition of the Higher Education Act for AtB student enrollment and document pathway compliance using prepared forms for ABE Leadership and System Office review.

2) Work effectively with ABE and other partners to identify potential students to be enrolled as AtB learners, including validating students are actively working towards a high school credential or referring learners to ABE partners to enroll in high school diploma or equivalency programs.

3) Document engagement of each AtB student in the six essential services, including Orientation, Assessment, Academic Support and or Tutoring, Connecting Academic Goals to Career Pathways, Couseling and Advising and Measuring of Student Progress.

4) Provide name, position title and contact information for college staff(s) responsible for AtB student success and the staff(s) responsible for campus oversight related to this agreement.

5) Staff involved in the AtB process participate in AtB Professional Development and meetings.

6) Code students appropriately as AtB students in the Integrated Student Records System (ISRS) and for Financial Aid coding.

7) Provide any required data to the System Office.

8) Participate in Mornitoring, Corrective Action and Termination requirements as detailed in the State Plan and managed by the System Office.

System Office agrees, to the best of their ability, to do the following:

1) provide documents and guidance for successfully implementing AtB on Campus, including development of shared files for communication and document access.

2) Provide professional development to campus staff and ABE providers

3) Host meetings (virtual or on-site) to address questions and concerns.

4) Provide on-going technical assestance *[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 attachments 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.”]*

1. 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.
2. This Agreement may be amended at any time with the mutual written consent of each College/University/System Office.
3. 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.
4. Other provisions: [If none, write “NONE”]

***[Note: If sharing MINNESOTA STATE 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       |