

INTERNSHIP AGREEMENT

This Agreement, dated the 17 day of December, 2018 (the "Effective Date"), is by and between Dillard University ("University") with its principal address as 2601 Gentilly Boulevard, New Orleans, LA 70122 and Wellpath ("Wellpath"), with its principal address as 1283 Murfreesboro Road, Suite 500, Nashville, Tennessee 37217, for the purpose of allowing students of the University (the "Students") to engage in an internship experience (the "Program") at the Orleans Parish Sheriff's Office ("Facility"), a correctional facility in which Wellpath administers healthcare services.

In consideration of the terms and conditions set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Wellpath and the University agree as follows:

1.0 Responsibilities of Wellpath

1.1 Wellpath will provide a suitable learning experience and supervision consistent with the Program's curriculum and objectives, as mutually established by the University and Wellpath, in accordance with University's academic calendar.

1.2 Wellpath will designate appropriate personnel to coordinate the Students' learning experience in the Program. It is understood that the Students do not replace Wellpath personnel or Facility staff.

1.3 Wellpath shall retain responsibility for all aspects of treatment and care of patients in the Facility. The ultimate decision for the care and treatment of all patients admitted to the Facility shall remain exclusively with Wellpath.

1.4 In the event a Student becomes ill, injured or is exposed to hazardous materials while participating in the Program, the Wellpath shall, upon the request of such student or as is appropriate in an emergency, provide or arrange for the provision of any necessary immediate or emergent care. The student receiving such care shall be responsible for the cost of such care.

2.0 Responsibilities of University

2.1 University, through its designees, after consultation with Wellpath, shall plan and oversee the Program. University shall retain ultimate responsibility for the Students' grades, evaluations and discipline.

2.2 University shall provide and maintain the records and reports necessary for conducting the Students' learning experience.

2.3 University shall provide Wellpath with an annual announcement or description of the Program, curriculum and objectives to be achieved at Facility, and the academic calendar of University

3.0 Application of Facility's Rules & Procedures

3.1 It is understood that the Students and University faculty, during training at Facility, will be under the jurisdiction of Facility and Wellpath officials for training purposes and that such persons will be subject to the rules and policies of Wellpath and the Facility related to security and training.

3.2 University will require Students and faculty to comply with Facility's and Wellpath's policies and procedures, including, but not limited to, matters relating to: conduct, such as dress code; OSHA safety requirements; HIPAA regulations pertaining to use and disclosure of individually identifiable information; and security procedures. Upon request, Wellpath will make available to University, a copy of its and the Facility's applicable policies and procedures, prior to the beginning of any covered academic year. University will treat such policies and procedures as confidential and proprietary in nature and not disseminate same to anyone other than the parties to this Agreement. Facility and Wellpath policies and procedures will be available for Students to review while onsite at the Facility, and University shall ensure Students maintain the confidentiality of such policies and shall be responsible for any violation of the same.

3.3. University shall ensure that the Students comply with the health requirements of the Facility and Wellpath. University shall require each Student to provide written confirmation of compliance with each health requirement prior to the Student's training at Facility. Wellpath shall provide University with a copy of the relevant health requirements.

3.4 University shall require Students to submit information to Wellpath that is necessary for Wellpath to perform a criminal background check prior to training at Facility. Wellpath and the Facility shall have ultimate authority to approve or deny a student admission to the Facility.

4.0 Student and Faculty Status

4.1 Student eligibility in the Program shall be determined by University. University will require each Student, prior to participating in the learning experience at Facility, to have: 1) received appropriate instruction; 2) satisfactorily completed the prerequisite courses; 3) met health, safety and immunization requirements; and 4) required documentation.

4.2 Solely for the purpose of HIPAA requirements that relate to the use and disclosure of protected health information of patients at the Facility, Students and University faculty are defined as members of Wellpath's workforce, as that term is defined by 45 CFR 160.103, for activities conducted pursuant to this Agreement. Students participating in the Program are not employees or agents of the Facility or Wellpath.

5.0 Student Removal

5.1 Facility or Wellpath may recommend to University the withdrawal of a Student from the Program for reasonable cause in the sole discretion of Wellpath and the Facility.

5.2 University shall withdraw a Student from the Program at the Facility if instructed to do so by Wellpath or the Facility; however, Wellpath shall first consult with the University in good faith to discuss alternatives to expulsion and withdraw.

5.3 Facility and Wellpath each reserves the right, exercisable in its discretion, to immediately exclude or expel any Student from the Facility in the event that such person's conduct or state of health is deemed objectionable or detrimental to the safe and secure administration of Facility.

6.0 Term and Termination

This Agreement shall be effective as of the Effective Date and shall continue until one party provides the other party with thirty (30) days' advance written notice of termination. Notwithstanding the termination of this Agreement, Students participating in the Program at the end of such notice period shall have the opportunity to complete their learning experience at the Facility so long as the insurance required under Section 8.0 for such Student remains in effective; during such extension all provisions of this Agreement shall remain in full force and effect.

7.0 Non-Discrimination

Wellpath and University agree that they will not discriminate against any individual on the basis of age, sex, race, creed, color, national origin, religion, disability, or veteran status.

8.0 Insurance and Indemnification

8.1 University shall submit to Wellpath a copy of a policy or certificate of insurance, indicating that University has general liability insurance, including coverage for any acts of negligence of its students or faculty, including the Students, in amounts of not less than \$1,000,000 per occurrence and \$3,000,000 aggregate per year. University shall also (i) provide coverage for property damage in the minimum amount of \$100,000 per occurrence and up to \$500,000 per occurrence for the Facility and (ii) provide the Students with, or ensure that Students have obtained, professional liability insurance with coverage of not less than \$1,000,000 per occurrence and \$3,000,000 aggregate per year prior to commencing the Program. All of the foregoing policies shall name Wellpath and the Facility as additional insureds, and shall provide proof that the insurance company will not cancel said policy of insurance without providing the Director of Insurance of Wellpath with thirty (30) days advance written notice thereof. Neither Wellpath nor Facility is responsible for providing workers' compensation coverage to the University or the Students for any injuries incurred from Student's participation in the Program. If such coverage is required by law, University will be responsible for acquiring it and

ensuring it is in place.

8.2 University hereby indemnifies and holds Wellpath and the Facility harmless from and against any liability claim, loss, suit or cost, including attorney fees, which arise out of the acts or omissions of University, its faculty or students, including but not limited to any actions brought against Wellpath and the Facility by any faculty or students, whether past or present, of University, and third parties.

8.3 Wellpath hereby indemnifies and holds University and its faculty or students harmless from and against any liability claim, loss, suit or cost, including attorney fees, which arise out of the acts or omissions of Wellpath, its employees and officers, including but not limited to, any actions brought against University, by any employee, officer or agent of Wellpath and any third parties.

9.0 Non-Assignment and Subcontracting

No party shall assign, transfer, or contract for the furnishing of services to be performed under this Agreement without the written approval of the other party.

10.0 Entire Agreement; Modification

This Agreement, including attachments, constitutes the entire understanding between the parties with respect to the subject matter hereof and may be modified only by a writing signed by both parties.

11.0 Governing Law

This Agreement shall be governed by and construed under the laws of Louisiana.

12.0 Representation of Authority

Each of the parties that has executed this Agreement through its undersigned authorized representative, and each representative so executing, hereby warrants and represents to the other parties that the undersigned representative has full authority to execute this Agreement on behalf of the party for whom said authorized representative purports to act.

13.0 Notice

Any notice required hereunder shall be made in writing and shall be accomplished by personal delivery, Federal Express, or by U.S. Mail, certified, return receipt requested to the address of each party listed in the introductory paragraph, and, for Wellpath, addressed with "Attention: Chairperson of the School of Social Sciences at Dillard University, (504) 816-4243 or (504) 908-1097."

14.0 Severability and Waiver

In the event one or more clauses of this Agreement are declared illegal, void or unenforceable, said provision shall be severed. The validity, legality, and enforceability of all other provisions of this Agreement shall not in any way be affected or impaired unless such severance would cause this Agreement to fail of its essential purpose. The waiver or failure of either party to exercise any right provided for herein shall not be deemed a waiver of any further right hereunder.

IN WITNESS WHEREOF, the authorized representatives of the parties have executed this Agreement to be effective as of the Effective Date.

DILLARD UNIVERSITY

By: [Signature]
Printed Name: Janel Coen 1/4/19
Title: VP for Business & Finance

[Signature] 1/2/19
Approved as to Form and Legal Sufficiency

Wellpath
By: [Signature]
Printed Name: William P. Kissel
Title: President, Jail Division

ORLEANS PARISH SHERIFF'S OFFICE

By: [Signature]
Printed Name: MARLIN N. GUSMAN
Title: Sheriff

By: [Signature]
Printed Name: DARNLEY R. HODGE SR
Title: Compliance Director



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/11/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER EIIA 200 S. Wacker Ste. 1000 Chicago, IL 60606	1-312-648-0914 CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: certificates@eiiia.org INSURER(S) AFFORDING COVERAGE INSURER A: COLLEGE RRG INC NAIC # 13613 INSURER B: TRAVELERS PROP CAS CO OF AMER 25674 INSURER C: Hudson Excess Insurance Company & Attach #4484 INSURER D: PHOENIX INS CO 25623 INSURER E: INSURER F:
INSURED Dillard University 2601 Gentilly Boulevard New Orleans, LA 70122	

COVERAGES

CERTIFICATE NUMBER: 54726309


REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO.JECT <input checked="" type="checkbox"/> LOC			GL090118	09/01/18	09/01/19	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			TJ-CAP-7437L162-TIL-18	09/01/18	09/01/19	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Collision \$ ACV
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			GAXS 000063-00	09/01/18	09/01/19	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TN-UB-121D516-8-18	09/01/18	09/01/19	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Evidence of General Liability maintained by the above Insured Institution for: Its activities and operations during the policy term; Obligations of the Insured under a lease or rental contract; Use of facilities by the insured during the policy term; Students in practicum while participating within the scope of their curriculum requirements and assignments; Contractual Liability; Wellpath is named as Additional Insured as their interest may appear as required by written contract. 30 Days Notice in the event of cancellation or material change. Re: Internship Agreement
INCIDENTAL MEDICAL PROFESSIONAL LIABILITY IS INCLUDED IN THE GENERAL LIABILITY POLICY.

CERTIFICATE HOLDER**CANCELLATION**

Wellpath 1283 Murfreesboro Road, Ste 500 Nashville, TN 37217 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Effective March 25, 2009 128 higher education Institutions affiliated with either the United Methodist Church, the Evangelical Lutheran Church In America, the Presbyterian Church (USA) or the American Baptists Churches, organized a new Insurance company, College Risk Retention Group, Inc. under the Federal Liability Risk Retention Act of 1986. The Federal Act permits like insureds to combine their resources for the purpose of underwriting and insuring their liability risks.

The enclosed certificate identifies College Risk Retention Group, Inc. as the general liability insurer for primary limits of \$1 Million per occurrence and \$3 Million aggregate. Lloyds of London (A.M. Best Rating A XV) supports College Risk Retention Group, Inc. as the reinsurer.

As you may be unfamiliar with evidences of insurance from risk retention groups we welcome any questions you may have regarding the attached certificate of insurance. Should you need any further information regarding the renewal certificate please do not hesitate to contact our administrator's office. Following is the contact information:

Educational & Institutional Insurance Administrators, Inc.
200 S. Wacker Drive, Suite 1000
Chicago, IL 60606
(800) 537-8410
Email: certificates@eia.org

Lloyds of London Financial Ratings:

A.M. Best Rating

A XV

09/01/18-19 Excess Liability Policies

	Policy No.	Layer
Hudson Excess Insurance Company	GAXS 000063-00	\$5M
Genesis Insurance Company	YUB301245A	\$5M excess of \$5M
Hallmark Specialty Insurance Company	77PEF180059	\$5M excess of \$10M
Brit Global Specialty USA	PK1034018	\$4M xs \$15M
Mt. Hawley Insurance Company	MXL0427312	\$10M xs \$19M
Starstone Specialty Insurance Co.	03024E183ALI	\$11M xs \$29M
United Educators Insurance Company	Individual policy numbers	\$10M xs \$40M



Page, Yolanda <ypage@dillard.edu>

Re: Internship MOU

1 message

Chambliss, Lana <lchambliss@dillard.edu>
To: "Hamm, Erika" <ehamm@dillard.edu>
Cc: "Yolanda Page, (Dr.)" <ypage@dillard.edu>

Fri, Dec 7, 2018 at 11:27 AM

Good morning Ms. Hamm,

Thank you very much for your assistance. We look forward to receiving the documentation.

Sincerely,

Lana N. Chambliss, Ph.D.
Chair, School of Social Sciences
Dillard University
2601 Gentilly Blvd. DUICEF 230
New Orleans, LA 70122
Phone: 504.816.4243
Fax: 504.816.4185

On Fri, Dec 7, 2018 at 8:36 AM Hamm, Erika <ehamm@dillard.edu> wrote:

Good Morning Dr. Chambliss,

Thank you for the MOU. I have contacted our insurance company to get a furnished certificate of insurance with the requested limits in the Sub-part 8.1 of the attached MOU. I will forward upon receipt and will attach it to the MOU when it disseminates down to me for review.

Thank you,

Erika



Erika Hamm, COSS
EH&S Coordinator
Dillard University
2601 Gentilly Blvd.
New Orleans, LA 70122

P: (504) 816-4526 **F:** (504) 816-4193

E: ehamm@dillard.edu **W:** dillard.edu



On Thu, Dec 6, 2018 at 7:45 PM Chambliss, Lana <lchambliss@dillard.edu> wrote:

Good evening Ms. Hamm,

Here is the MOU I referenced. Dr. Page would like something in writing from you stating that our students have professional liability insurance. Thank you in advance for your help.

Sincerely,

12/7/2013

Dillard University Mail - Re: Internship MOU

Lana N. Chambliss, Ph.D.
Chair, School of Social Sciences
Dillard University
2601 Gentilly Blvd. DUICEF 230
New Orleans, LA 70122
Phone: 504.816.4243
Fax: 504.816.4185

AA: Soc Science

Service Date:

SIGNING OF CONTRACTS AND AGREEMENTS

Appendix A

CONTRACT & AGREEMENT TRANSMITTAL/TRACKING SHEET

Wellpath and Orleans Parish Sheriff's Office

(Name of Contractor) BETWEEN DILLARD UNIVERSITY and (Name of Vendor.)

RECEIVED
12-10-18/12:35 PM

Purchasing Division
DEC 12 2018

1. Initial: JAC, Date: 11/27/18
YMP, Date: 12/7/18

The attached contract/agreements has the approval (by attached cover memo) from the dean or vice president of the Division from which the contract/agreement originated. If the resources of more than one Division are implicated by the arrangement in any way, written approval from all Divisions has been provided. All sole source procurements must include written justification and include all necessary approvals.

Business & Finance

2. Initial: JF, Date: 12/12/18

The contract/agreement, if totaling \$ 1,000.00 or greater, has been reviewed by the University's Procurement Office, in accordance with the Procurement Review and Authorization Policy. a.) If sole sourced, must have been reviewed and approved by the Chief Financial Officer and Vice President for Business and Finance.

Received By: LFC

3. Initial: ER, Date: 12/13/18

The Office of Risk Management and Insurance has reviewed the contract/agreement for special risk issues and proof of insurance.

4. Initial: DW, Date: 1/2/19

The contract/agreement, the departmental approval(s) and any collateral review comments have been reviewed by the Office of Legal Affairs and has received the approval of the General Counsel and Vice President of Legal Affairs.

5. Initial: JF, Date: 1/4/19

The Chief Financial Officer/ Vice President for Business and Finance has approved and signed the contract/agreement. The contract/agreement has been entered into the University's centralized Contract Management System.

6. _____

If approved, the contract/agreement is signed by the President.

7.* Initial: RM, Date: 1/7/18

A signed copy of the contract/agreement has been returned to the appropriate Division for transmittal. A copy of the transmittal letter, or if transmitted by hand a memo to that effect, has been returned to the Office of Legal Affairs, as well as a copy of the final signed contract, for inclusion in the file, as evidence that the contract is in effect. The original signed contract is forwarded to the Office of Business and Finance.

* PENDING. Need Vendor's Signature for a FULLY-EXECUTED CONTRACT

Hammons, Debra

From: Chambliss, Lana <lchambliss@dillard.edu>
Sent: Tuesday, January 08, 2019 9:59 AM
To: Hammons, Debra
Subject: Fwd: PENDING: Contract - Wellpath and Orleans Parish Sheriff's Office
Attachments: Wellpath & Orleans Parish Sheriff's Office (PENDING-SocSc) 01.07.19.pdf

Good morning,

Please let me know you received this email.

Thanks,

Lana

----- Forwarded message -----

From: Mercadel, Rachel <rmercadel@dillard.edu>
Date: Mon, Jan 7, 2019 at 4:00 PM
Subject: PENDING: Contract - Wellpath and Orleans Parish Sheriff's Office
To: LaKayla LaFrance <lfrance@dillard.edu>
Cc: Lana Chambliss <lchambliss@dillard.edu>, Yolanda Page <ypage@dillard.edu>, Lindsey, Anita <alindsey@dillard.edu>

Good afternoon, LaKayla,

1.) All parties have signed the above contract. However, it is in "Pending" status due to the fact that the vendor's signature is needed to make the contract **FULLY-EXECUTED**.

Once you receive their signatures, please **return the completely signed contract** to Legal Affairs for our files.

NOTE: Without the proper endorsement of both parties, the contract is null and void.

REMINDEES:

SPECIAL NOTES -

- **REMOVE the following documents**

when **forwarding or returning** "Approved" or "Pending" contracts to its vendors:

- Transmittal/Tracking Sheet
- Comment Sheet



Office of Legal Affairs
Rosenwald Hall - Rooms 234 / 235



Dr. Denise Wallace
Vice President of Legal Affairs/General Counsel

Office: (504) 816-4546 / Assistant - 4645
Fax: (504) 816-4549 / Assistant - 4214

ROUTING REQUEST

DATE: January 7, 2019

RE: PENDING: Contract - WELLPATH AND ORLEANS PARISH SHERIFF'S OFFICE

President & Senior Cabinet:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Walter Kimbrough | <input type="checkbox"/> Marc Barnes | <input type="checkbox"/> Janel Green |
| <input type="checkbox"/> Kathy Taylor | <input type="checkbox"/> Wanda Brooks | <input type="checkbox"/> David Page |
| <input type="checkbox"/> Vicky LaZard | <input type="checkbox"/> Roland Bullard | <input type="checkbox"/> Yolanda Page |

Departments:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Academic Affairs | <input type="checkbox"/> Enroll Management and Admissions (EM&A) | <input type="checkbox"/> Office of Research & Sponsored Programs |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Facilities | <input type="checkbox"/> ORSP: Min Health |
| <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> A. C. E. / University College | <input type="checkbox"/> Humanities | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Alumni Relations | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Inst Adv & Develop | <input type="checkbox"/> Stud. Engagement |
| <input type="checkbox"/> Auxiliary Services | <input type="checkbox"/> International Studies | <input type="checkbox"/> Student Success |
| <input type="checkbox"/> Bus and Finance | <input type="checkbox"/> ITT | <input type="checkbox"/> Trio: ETS |
| <input type="checkbox"/> Chapel/VisionQu | <input type="checkbox"/> Library | <input type="checkbox"/> Trio: SSS |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Nursing | <input checked="" type="checkbox"/> Other: |
| <input type="checkbox"/> EH&S (Risk Mng) | | <u>SOCIAL SCIENCES</u> |

c/o LaKayla LaFrance

Response(s):

- | | | |
|---|--|--|
| <input type="checkbox"/> URGENT! | <input checked="" type="checkbox"/> For Full Execution: Contractor's Signature | <input type="checkbox"/> Per Your Request |
| <input type="checkbox"/> Correct and Return | <input type="checkbox"/> For Your Approval: Initial/Signature | <input type="checkbox"/> Plan to Attend |
| <input type="checkbox"/> Discuss with Me | <input type="checkbox"/> For Your Information | <input type="checkbox"/> Review and Advise |
| <input type="checkbox"/> Follow-up Status | | <input type="checkbox"/> Read / Discard |
| <input type="checkbox"/> For Your Files | | <input type="checkbox"/> Read / Return |

COMMENTS: Upon Full Execution (After receiving Vendor's Signature), a copy of the above contract must be returned to Legal Affairs for our files.

Thank You!

R. Mercadel