

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PROGRAM SUPPORT CENTER

INTERAGENCY AGREEMENT
(For Information Technology Service **Services Only**)

(See "User Conditions" on reverse)

1. IAG NO.	
2. TYPE OF REQUEST <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	
3. ORGN CODE	4. MOD NO.

INSTRUCTIONS

- A. Complete this form to establish or renew an interagency agreement to use the facilities of the Information Technology Service, Program Support Center
- B. Once an interagency agreement number is established, all correspondence must bear that number. (See item A., above)
- C. For additional assistance, call (301) 443-5187 and ask for the Interagency Agreement Liaison.
- D. **Return THIS Form to:** Information Technology Service, Customer Services Branch, Rm. 2B-40, Program Support Center, 5600 Fishers Lane, Rockville, MD 20857

5. SERVICES DESCRIPTION (see Instructions, Item A., above)

(Use reverse side if more space is needed.)

6. REQUESTING AGENCY

NAME	ADDRESS
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7. PERIOD EXAMPLE: 10-01-95 To 09-30-96

FROM	TO
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8. AUTHORITY

This approval is entered into under the authority of:

9. DESIGNATED ADP COORDINATOR RESPONSIBLE FOR

NAME	TITLE	TELEPHONE NO.
ROOM NO.	ADDRESS	

10. RACF COORDINATOR

NAME	TITLE	TELEPHONE NO.
ROOM NO.	ADDRESS	

11. INFORMATION TECHNOLOGY SERVICE LIAISON OFFICER

NAME	TITLE	TELEPHONE NO.
ROOM NO.	ADDRESS	

12. RESPONSIBLE FISCAL

NAME OF PERSON RESPONSIBLE FOR PAYING BILLS	TITLE	TELEPHONE NO.
ROOM NO.	ADDRESS	
COMMON ACCOUNT NO. (CAN) AND/OR APPROPRIATION NO.	AMOUNT ESTIMATED	INTERNAL AGENCY REFERENCE NO. (Agreement No., Purchase Order No. etc.)

13. SIGNATURE OF AUTHORIZING

NAME (Type or Print)	TITLE	TELEPHONE NO.
ORGANIZATION	ADDRESS	
SIGNATURE		DATE

14. PSC ACCEPTANCE

NAME (Type or Print)	TITLE	TELEPHONE NO.
ORGANIZATION	ADDRESS	
SIGNATURE	DATE	CONTRACT: TELEPHONE NO.

USER CONDITIONS

The purpose of this Agreement is to provide for the use of the Information Technology Service, Program Support Center, for the processing of data in connection with work supported by other Federal components. By requesting and using Information Technology Service (ITS) services, the requester agrees to the following:

1. All use will be in accordance with ITS standard operating procedures and security requirements as outlined in the ITS User's Guide and other technical publications.
2. Since the sponsor or his designee will submit computer runs directly to ITS's computer, the requesting agency assumes responsibility for all changes incurred by all authorized users of the account established as a result of this request.
3. ITS will provide computer time and related support services to users provided that the services do not impact and/or degrade the services for those users for whom ITS was established.
4. If estimated costs, amounts obligated, fiscal year limitations, etc., are required by internal procedures of the requesting agency, the requester assumes full responsibility for assuring that these are not exceeded and for reimbursing Health Resources and Services Administration (HRSA) for services actually used even if any such internal limitations are exceeded. Payment will be made by the requesting agency upon receipt of periodic billings initiated by (HRSA) based on actual services used at standard rates of Information Technology Service. Billing will be issued on Standard Form 1081. Collection will be recorded in Appropriation 75X4552.
 - a. Administrative billing requirements shall be in accordance with GAO Policy and Procedure, Title 7, Section 8.4.
5. When the requested services are to be terminated, the requester will so inform ITS and will initiate steps to: release all tapes, disks, equipment and on-line storage space being used; request deactivation of the account number and all user initials assigned to it; and notify the appropriate ITS Liaison Officer to suspend all mailing of technical literature. In the event the requester fails to do this, ITS, upon discovering that use has discontinued, will do so with actual costs of doing so being charged to the requester.
6. In the event the period covered (*See item 7, page 1*) expires without ITS having a request for an extension, ITS reserves the right to block or discontinue use of all facilities with the actual cost of doing so charged to the requester in accordance with Condition 4 above.
7. Non-payment of bills within 90 days after issuance by (HRSA) and/or non-renewal of Interagency Agreement within six weeks after inception of a new Fiscal Year, may result in deprivation of access to ITS facilities until the account is current or renewal is received and accepted.
8. This Agreement, when accepted by both parties, will have an effective period of performance indicated by requester with renewable options each year. This agreement may be terminated by either party upon 30 days advance written notice to the other.

REMARKS ITEM 5 CONTINUATION