
The responsibilities of the parties shall be as follows.

The **Client Organization** is responsible to:

- a) Sign and return this Understanding to the PAN Regional Office upon completion by the parties,
- b) Submit all requested materials to the Peer Advisor for preliminary work and/or research, i.e. financial reports, publications, planning documents, etc.,
- c) Pay one third of the Advisor's fee upon the signing of this Understanding,
- d) Submit a completed Final Report of the advising session(s) to the PAN Regional Office no later than within four weeks of the completion of this consulting assignment,
- e) Pay all travel, lodging costs and other out-of-pocket expenses of the Peer Advisor as mutually agreed and as billed by the Peer Advisor upon the completion of the contract.

The **Peer Advisor** is responsible to:

- a) Discuss, complete and sign this Understanding before commencing the PAN consulting services outlined and attached (see Section II, above),
- b) Provide timely execution of the agreed upon PAN consulting services outlined and attached (see Section II, above),
- c) Provide a draft PAN Final Report to the Client for review, discussion and approval prior to submitting the mutually agreed PAN Final Report to the Regional PAN Office no later than within four weeks of the completion of the contract,
- d) Document agreed out-of-pocket expenses and submit an invoice to the Client upon completion of the PAN consulting services as outlined and attached (see Section II, above).

The signing parties understand and agree with the following:

- i. The Peer Advisor is an independent contractor and shall not be deemed an employee of the Connecticut Commission on Culture and Tourism, the PAN Regional Office or any other separate institution.
- ii. All communication between the Client and the Advisor shall be held in strict confidence except as required by the PAN program guidelines and reporting requirements.
- iii. There is no guarantee of any specific results from the consulting services described and attached herein.

The undersigned agree to the terms set forth in this agreement and its attachments:

Client Authorized Official

Name: _____ Title: _____

Signature: _____ Date: _____

Peer Advisor

Name: _____ Title: _____

Signature: _____ Date: _____

SUBMISSION

Please make copies of this MOU and all attachments for the signing parties and mail / deliver a copy of the completed agreement and the Plan of Consulting Services attachment to the Local Arts Agency that is designated as the Regional PAN Office for the Client's town.

Address the mailing - ATT: Peer Advisor Network.