

**LA CROSSE COUNTY HUMAN SERVICES DEPARTMENT
LETTER OF UNDERSTANDING**

LETTER #: «ContractID»

«VendorName»

«AdministratorName»

«StreetAddress»

«CityName», «StateID» «ZipCode»

Service Description

Rate

Unit

To be effective for the period **«EffectiveDate»** through **«TerminateDate»**

Provider agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the Purchaser, and its agents, officers and employees, from and against all loss or expense including attorney's fees and court costs by reason of liability for damages including suits at law or in equity, legal or administrative claims, caused by any wrongful, intentional, or negligent act or omission of the Provider, or its (their) agents and/or subcontractors which may arise out of or are connected with the activities covered by this Agreement. Provider's aforesaid indemnity and hold harmless agreement, shall not apply to liabilities, losses, charges, costs, or expenses caused by the sole negligence or willful misconduct of Purchaser, its agents, officers and employees. Provider acknowledges that Purchaser is a Wisconsin local unit of government and is entitled to certain statutory limitations and immunities. This indemnity provision shall survive the termination or expiration of this agreement.

If Provider will be paid \$6,000.00 or more in the current calendar year, the provider will be expected to enter into a more extensive Contract/Agreement with La Crosse County Human Services.

Signature on this document certifies that the above information is agreed upon by both parties.

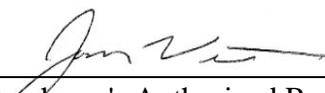
Provider's Authorized Representative

Date



Purchaser's Authorized Representative
County Board Chair

«PublishDate»
Date



Purchaser's Authorized Representative
Human Services Director

«PublishDate»
Date