*Pursuant to University Agreement No.*

**ANNUAL FINANCIAL ADDENDUM**

**for**

**July 1,** **through June 30,** **(“Current Fiscal Year”)**

**Pursuant to**

**Agreement of Affiliation**

**between**

**Regents of the University of Minnesota**

**through its College of Pharmacy (“University”)**

**and**

**(“Affiliate”)**

**effective** **through** **(“Agreement”)**

This Annual Financial Addendum between the University and Affiliate is pursuant to Article III of the Agreement and sets out the financial terms for the Current Fiscal Year. The terms of this Annual Financial Addendum shall remain in effect until all obligations set forth herein have been satisfactorily fulfilled. This Annual Financial Addendum is subject to the terms and conditions of the Agreement. All other financial arrangements set forth in the Agreement shall remain in full force and effect.

University’s Board of Regents has not yet approved University’s       compensation plan. Therefore, the salary, fringe benefit rate and payment information in item one and two, below, are estimates based on University’s information as of the signature date of this Annual Financial Addendum. Actual figures will be communicated to Affiliate in early July and will be reflected on University’s initial invoice.

* 1. ’s Current Fiscal Year Salary, Fringe Benefit Rate and Payment Information.

Affiliate will contribute       percent (     %) of the appropriate compensation level in accord with its payroll classification. University will contribute       percent (     %) of the appropriate compensation level for the position in accord with University payroll classification. Affiliate will reimburse University for       percent (     %) of the cost of University benefits to be provided for the position.

Annual Salary: $

Fringe Benefit Rate:      % $

Salary plus fringe: $

Total Amount Payable by Affiliate: $

* 1. Pursuant to Article III of the Agreement, University will invoice Affiliate and Affiliate will make four equal payments to University in the amounts, and no later than the dates, set forth below. Invoices and payments shall be sent to the respective address set forth in Article III of the Agreement.

August 15th $      November 15th $

February 15th $      May 15th $

The authorized representatives of the parties hereto execute this Annual Financial Addendum as set forth below.

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| --- | --- |
| By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:  Title:  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:  Title:  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Regents of the University of Minnesota**  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:  Title:  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: Lynda Welage, PharmD, FCCP  Title: Dean, College of Pharmacy  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: Jakub Tolar, MD, PhD  Title: Dean, Medical School  Vice President for Clinical Affairs  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |