



**Lone Star College System (LSCS) and**  
**Subcontract/ Partnership Agreement**  
**Academic Year \_\_\_\_\_**

\_\_\_\_\_  
Grant Title

\_\_\_\_\_  
Funding Agency

**PURPOSE**

This document sets forth the agreement between *Lone Star College System and* \_\_\_\_\_ in establishing the responsibilities and program duties in accomplishing the goals of the project, \_\_\_\_\_.

**TERMS OF CONTRACT**

<b>Total Contract Amount</b>	<b>Effective Date</b>	<b>Dates Agreement Covers</b>
_____	_____	_____

**AGREEMENT OF SERVICES**

I. *Lone Star College System (LSCS)* will serve as the project facilitator and fiscal agent for the administration of the \_\_\_\_\_.  
In that capacity, LSCS will:

- A. Maintain a central file of all fiscal transactions incurred by any of the grant partner members;
- B. Reimburse, in a timely fashion, all grant partner members for the reasonable expenses associated with the execution of \_\_\_\_\_.
- C. Communicate with and be responsible for the submission of reports and requests for payment to the \_\_\_\_\_; and
- D. Ensure that the grant partner has all necessary resources to complete the activities in a timely manner and according to the \_\_\_\_\_ policy.

Nothing herein will require Lone Star College System (LSCS) to assume any obligations of \_\_\_\_\_.

II. In conducting the project, \_\_\_\_\_ agrees to provide the following services:

III. On the \_\_\_\_\_ day following the close of each month during fiscal year \_\_\_\_\_ will provide to the Fiscal Agent, LSCS:

- A. A monthly fiscal report, and
- B. Appropriate invoices and backup documentation. (sample invoice attached) Appropriate documentation includes originals of backup or a copy, which states the following: "I certify that this is an exact copy of an original invoice. The original invoice has not been previously submitted for payment. Signed \_\_\_\_\_ Date \_\_\_\_\_."
- C. Completed monthly Time and Effort Log (sample form attached)

Reports should be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. LSCS will submit to \_\_\_\_\_ bi-annual reports according to the following schedule:

Year	Report Due Date
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Any requests for reimbursements not received and processed by *LSCS* within these time frames will not be submitted with each respective quarterly report.

V. \_\_\_\_\_ agrees to use project funds according to the attached budget categories only during grant period \_\_\_\_\_. In the event that changes or amendments to the budget are necessary, \_\_\_\_\_ will provide the fiscal agent notification and documentation of any budget revisions prior to expenditure of funds.

VI. \_\_\_\_\_ is the sub-contractor of a \_\_\_\_\_ grant directed through *LSCS*; therefore, \_\_\_\_\_ agrees to comply with the attached statement of rules and regulations of the THECB grant award.

**DISTRIBUTION OF FUNDS**

After submission of the appropriate backup documentation from \_\_\_\_\_, LSCS will reimburse \_\_\_\_\_ who is responsible for any misapplication of its portion of the funding.

Signature of this contract will void all previous LSCS contracts and funds allocated thereof.

Both parties reserve the right to terminate this Agreement for reasonable cause or if it is determined the objectives of this program cannot be accomplished. Either Party wishing to terminate this Agreement must notify the other party in writing thirty (30) days in advance and arrange for a mutual settlement of expenses incurred. All notices to Parties under this Agreement shall be in writing and sent to the names and addresses as follows:

For \_\_\_\_\_:

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For LSCS:

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Dr. Richard Carpenter, Chancellor  
Lone Star College System

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Date

**Note: Modification of this Form requires approval of OGC**