



Contract Coversheet and Approval Form
 Office of the General Counsel
 5000 Research Forest Drive • The Woodlands TX 77381 • (832) 813-6508

General Information

LSCS Department: _____
 Contact Person: _____ Title: _____
 Telephone: _____ Email: _____
 Campus: _____ Room No. _____

Summary of Contract Terms

Contract With: _____
 Contractor Contact Person: _____
 Contractor Address: _____
 Contractor Phone: _____ Contractor E-mail: _____

Contract Description: _____

Provide a clear synopsis of the goods/services/events/etc. that will result by entering this agreement.

Contract Term: Start: _____ End: _____
 Total Amount of Contract: \$ _____

Official Authorized to Sign: _____
 Identify who will sign contract on behalf of the LSCS pursuant to Board policies – Note the OGC must have a delegation of signature authority on file. (Name & Title)

Certifications

Complete all requirements and initial (only if applicable) indicating compliance before submitting the agreement and required supporting documentation to the Office of General Counsel.

_____ Responsibility	I have primary responsibility for the contract, from inception to completion of the transaction.
_____ Original Contracts and Signatures	At least two (2) complete, original sets of all contract documents (not facsimiles) are attached and original signatures from all contracting parties will be obtained before the beginning date of the contract.
_____ Complete Contract Package and Dept. Acceptance	1) The contract and all documents that are incorporated by reference in the agreement, including exhibits and appendices are attached; and 2) All such documents have been read and agreed to in their entirety by originating department and any faculty and staff members who have obligations under this contract.
_____ Contracting Party	The name of the contracting party is stated as the Lone Star College System or its component Institutions (e.g., Lone Star College, Lone Star College-Montgomery), and is <u>not a department, program or person</u> .
_____ Competitive Bid	This is an expense contract and I confirm that the proper procurement method has been used providing the best value to LSCS. (See Board Policy Section III D.404).
_____ Standard Form of Agreement	The contract form was created by LSCS's OGC and changes have been made, I have highlighted those portions of the agreement in the attached memorandum.

Certification of LSCS Employee(s) With Responsibility for Ensuring Contract Terms and Conditions are Met

I have read this contract entirely. I am satisfied with its description of the goods and services to be provided to the System (including, for example, warranties, delivery terms, acceptance period and maintenance terms.) I am also satisfied with the description of the System's obligations (including, for example, scope of work, payment due dates, late charges, tax, charges, insurance and confidentiality requirements) and all other provisions of this contract, except as noted in any attached memorandum. A memorandum ☐ is ☐ is not, (select one) attached. I acknowledge responsibility to ensure that all good faith efforts are employed in seeing that all terms, conditions and responsibilities of the contract are met.

Name: _____ Signature: _____ Date: _____
 (Originator of contract who certifies that the requirements listed above have been met)

Title: _____

Name: _____ Signature: _____ Date: _____
 (Official with delegated authority to enter into contracts on behalf of the System)

Title: _____

Note: Modification of this Form requires approval of OGC