

PARTICIPATING INSTITUTION AGREEMENT (PIA)
STAR-CA Consortium Concurrent License Program

Participating Institution ("PI"): _____

STAR-CA, an independent consortium of participating California community colleges (CCC) and Link-Systems International, Inc. (LSI) have a participation agreement under which PI's may obtain access to shared CCC tutoring resources and LSI technologies and services. The above-named PI agrees to the following:

1. **Adherence to LSI Agreement:** PI acknowledges that appropriate parties at the institution are familiar with and the institution agrees to comply with the terms and conditions of the STAR-CA/LSI agreement.

2. **PIA Term:** This PIA shall take effect on January 4, 2021 and shall remain in effect until June 30, 2021.

3. **Contact Persons:**

Primary Administrator: PI designates the following individual as the campus administrative coordinator for all activity under this PIA. The administrative coordinator will be responsible for all administrative matters under this PIA, including payment, if any. PI will immediately notify STAR-CA Administrator of any change in the designation of this coordinator.

Name: _____
Title: _____
Street address: _____
City/State/Zip: _____
Phone: _____
E-mail: _____

Alternate Administrator (Optional): PI designates the following individual as the campus alternate administrator. PI will immediately notify STAR-CA of any change in the designation of this coordinator.

Name: _____
Title: _____
Street address: _____
City/State/Zip: _____
Phone: _____
E-mail: _____

4. **Fees:** PI shall pay fees to STAR-CA annually for membership in the consortium. Any STAR-CA fees for the 2020-2021 academic year are waived.

5. **Support:** STAR-CA will provide first-level support to support tutors and students in using the service. During the pilot, LSI will provide support on behalf of STAR-CA.

6. **Reports and Inspections:** PI shall provide, in timely fashion, any information reasonably requested by STAR-CA or by LSI in connection with this Agreement.

PARTICIPATING INSTITUTION

By: _____

Title: _____

Date: _____

Return completed PIA to:

*Edward Pohlert, PsyD
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