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HUB SUBCONTRACTING PLAN (HSP)

Rev. 02/12

In accordance with Texas Gov't Code §2161.252, the contracting agency has determined that subcontracting opportunities are probable under this contract. Therefore, all respondents, including State of Texas certified Historically Underutilized Businesses (HUBs) must complete and submit this State of Texas HUB Subcontracting Plan (HSP) with their response to the bid requisition (solicitation).

NOTE: Responses that do not include a completed HSP shall be rejected pursuant to Texas Gov't Code §2161.252(b).

The HUB Program promotes equal business opportunities for economically disadvantaged persons to contract with the State of Texas in accordance with the goals specified in the 2009 State of Texas Disparity Study. The statewide HUB goals defined in 34 Texas Administrative Code (TAC) §20.13 are:

- 11.2 percent for heavy construction other than building contracts.
- 21.1 percent for all building construction, including general contractors and operative builders contracts,
- 32.7 percent for all special trade construction contracts,
- 23.6 percent for professional services contracts,
- 24.6 percent for all other services contracts, and
- 21 percent for commodities contracts.
 - - Agency Special Instructions/Additional Requirements -

In accordance with 34 TAC §20.13(d)(1)(D)(iii), the goals below are the applicable goals for the University of Texas System Administration only.

HUB Goal - 23.4%

- Respondents submitting a Competitive Sealed Proposal **shall** submit a HUB Subcontracting Plan (HSP) that meets the Good Faith Effort Prescribed in Method B (Attachment B). See instructions for Option Two on HSP Quick Check List for Building Construction.
- Respondents submitting Construction Manager @ Risk or Design Build delivery methods (Two-step process) shall submit:
 - Part One Pre-Construction Services Option One (if self-performing all pre-con services) or Option Four (if subcontracting all or part of pre-con services).
 - 2. Part Two Building Construction Option Two only

No other Good Faith Effort methods will be accepted.

- Respondents shall submit a completed HUB Subcontracting Plan (HSP) to be considered responsive. Failure to submit a completed HSP shall result in the bid, proposal or expression of interest to be considered NON-responsive.
- HUB Subcontracting Plan (HSP) Prime Contractor Progress Assessment Report (PAR) shall be submitted with each request for payment as a condition of payment.
- Please note that phone logs are no longer acceptable as documentation of the good faith effort. Only fax, email and certified letter are acceptable.

A. Respondent (Company) Name: Point of Contact: E-mail Address: B. Is your company a State of Texas certified HUB? - Yes - No C. Requisition #: Respondent (Company) Name: State of Texas VID #: Phone #: Fax #: Bid Open Date:

| Enter your company's name here: | Requisition #: |
|---------------------------------|----------------|
| | |

SECTION 2 SUBCONTRACTING INTENTIONS

After dividing the contract work into reasonable lots or portions to the extent consistent with prudent industry practices, and taking into consideration the scope of work to be performed under the proposed contract, including all potential subcontracting opportunities, the respondent must determine what portions of work, including goods and services, will be subcontracted. Note: In accordance with 34 TAC §20.11., an "Subcontractor" means a person who contracts with a prime contractor to work, to supply commodities, or to contribute toward completing work for a governmental entity.

- a. Check the appropriate box (Yes or No) that identifies your subcontracting intentions:
 - ☐ Yes, I will be subcontracting portions of the contract. (If Yes, complete Item b, of this SECTION and continue to Item c of this SECTION.)
 - \square **No**, I will not be subcontracting <u>any</u> portion of the contract, and I will be fulfilling the entire contract with my own resources. (If **No**, continue to SECTION 3

and SECTION 4.)

b. List all the portions of work (subcontracting opportunities) you will subcontract. Also, based on the total value of the contract, identify the percentages of the contract you expect to award to Texas certified HUBs, and the percentage of the contract you expect to award to vendors that are not a Texas certified HUB (i.e., Non-HUB).

| | | HU | HUBs | | |
|--------|---|---|---|---|--|
| Item # | Subcontracting Opportunity Description | Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for five (5) years or less. | Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for more than five (5) years. | Percentage of the contract expected to be subcontracted to non-HUBs . | |
| 1 | | % | % | % | |
| 2 | | % | % | % | |
| 3 | | % | % | % | |
| 4 | | % | % | % | |
| 5 | | % | % | % | |
| 6 | | % | % | % | |
| 7 | | % | % | % | |
| 8 | | % | % | % | |
| 9 | | % | % | % | |
| 10 | | % | % | % | |
| 11 | | % | % | % | |
| 12 | | % | % | % | |
| 13 | | % | % | % | |
| 14 | | % | % | % | |
| 15 | | % | % | % | |
| | Aggregate percentages of the contract expected to be subcontracted: | % | % | % | |

(Note: If you have more than fifteen subcontracting opportunities, a continuation sheet is available online at http://window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/)

- c. Check the appropriate box (Yes or No) that indicates whether you will be using <u>only</u> Texas certified HUBs to perform <u>all</u> of the subcontracting opportunities you listed in SECTION 2, Item b.
 - ☐ Yes (If Yes, continue to SECTION 4 and complete an "HSP Good Faith Effort Method A (Attachment A)" for each of the subcontracting opportunities you listed.)
 - No (If No, continue to Item d, of this SECTION.)
- d. Check the appropriate box (Yes or No) that indicates whether the aggregate expected percentage of the contract you will subcontract with Texas certified HUBs with which you have a continuous contract* in place with for five (5) years or less meets or exceeds the HUB goal the contracting agency identified on page 1 in the "Agency Special Instructions/Additional Requirements".
 - ☐ Yes (If Yes, continue to SECTION 4 <u>and</u> complete an "HSP Good Faith Effort Method A (Attachment A)" for <u>each</u> of the subcontracting opportunities you listed.)
 - No (If No, continue to SECTION 4 and complete an "HSP Good Faith Effort Method B (Attachment B)" for each of the subcontracting opportunities you listed.)

*Continuous Contract: Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into "new" contracts.

| Enter your company's name here: | Requisition #: |
|---------------------------------|---------------------------------------|
| | · · · · · · · · · · · · · · · · · · · |

SECTION 2 SUBCONTRACTING INTENTIONS (CONTINUATION SHEET)

a. This page can be used as a continuation sheet to the HSP Form's page 2, SECTION 2, Item b. Continue listing the portions of work (subcontracting opportunities) you will subcontract. Also, based on the total value of the contract, identify the percentages of the contract you expect to award to Texas certified HUBs, and the percentage of the contract you expect to award to vendors that are not a Texas certified HUB (i.e., Non-HUB).

| | | HU | Bs | Non-HUBs | |
|--------|---|---|---|--|--|
| Item # | Subcontracting Opportunity Description | Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for five (5) years or less. | Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for more than five (5) years. | Percentage of the contract expected to be subcontracted to non-HUBs. | |
| | | % | % | % | |
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| | | % | % | % | |
| | | % | % | % | |
| | Aggregate percentages of the contract expected to be subcontracted: | % | % | % | |

*Continuous Contract: Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into "new" contracts.

| Enter your com | npany's name here: | Requisition #: |
|---|---|---|
| SECTION 3 | SELF PERFORMING JUSTIFICATION (If you responded "No | o" to SECTION 2, Item a, you must complete this SECTION and continue to SECTION 4.) |
| | riate box (Yes or No) that indicates whether your response | /proposal contains an explanation demonstrating how your company will fulfill the entire |
| | es, in the space provided below list the specific page(s) ract with its own equipment, supplies, materials and/or emp | N/section(s) of your proposal which explains how your company will perform the entire loyees.) |
| , | (o , in the space provided below explain how your compaloyees.) | any will perform the entire contract with its own equipment, supplies, materials and/or |
| Provide explan | ation here | |
| | | |
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| SECTION 4 AF | FIRMATION | |
| As evidenced by n | ny signature below, I affirm that I am an authorized represe | entative of the respondent listed in SECTION 1, and that the information and supporting stands and agrees that, if awarded any portion of the requisition: |
| contract. The subcontractir the total contraction | e notice must specify at a minimum the contracting agering opportunity they (the subcontractor) will perform, the app | ontractors (HUBs and Non-HUBs) of their selection as a subcontractor for the awarded ncy's name and its point of contact for the contract, the contract award number, the proximate dollar value of the subcontracting opportunity and the expected percentage of of the notice required by this section must also be provided to the contracting agency's the contract is awarded. |
| compliance | | ntractor Progress Assessment Report – PAR) to the contracting agency, verifying its made to its subcontractors (HUBs and Non-HUBs). (The PAR is available at rogressassessmentrpt.xls). |
| subcontracto approval, res | ors and the termination of a subcontractor the responden | r to making any modifications to its HSP, including the hiring of additional or different at identified in its HSP. If the HSP is modified without the contracting agency's prior nedies available under the contract or otherwise available by law, up to and including |
| | lent must, upon request, allow the contracting agency to p rformed and must provide documentation regarding staffing | perform on-site reviews of the company's headquarters and/or work-site where services g and other resources. |
| | | |

REMINDER: ➤

Signature

If you responded "Yes" to SECTION 2, Items c or d, you must complete an "HSP Good Faith Effort - Method A (Attachment A)" for each of the subcontracting opportunities you listed in SECTION 2, Item b.

Title

Printed Name

If you responded "No" SECTION 2, Items c and d, you must complete an "HSP Good Faith Effort - Method B (Attachment B)" for <u>each</u> of the subcontracting opportunities you listed in SECTION 2, Item b.

Date (mm/dd/yyyy)

HSP Good Faith Effort - Method A (Attachment A)

| Enter your company's name here: | Requisition #: |
|--|---|
| | completed HSP form, you must submit a completed "HSP Good Faith Effort - Method A SECTION 2, Item b of the completed HSP form. You may photo-copy this page or ub/hub-forms/HUBSubcontractingPlanAttachment-A.doc |
| SECTION A-1 SUBCONTRACTING OPPORTUNITY | |
| Enter the item number and description of the subcontracting opportunity you this attachment. | listed in SECTION 2, Item b, of the completed HSP form for which you are completing |
| Item #: Description: | |
| SECTION A-2 SUBCONTRACTOR SELECTION | |

List the subcontractor(s) you selected to perform the subcontracting opportunity you listed above in SECTION A-1. Also identify whether they are a Texas certified HUB and their VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

| Company Name | Texas certified HUB | VID # (Required if Texas certified HUB) | Approximate Dollar Amount | Expected Percentage of Contract |
|--------------|------------------------|---|------------------------------|---------------------------------|
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |
| | ☐ - Yes ☐ - No | | \$ | % |

REMINDER: As specified in SECTION 4 of the completed HSP form, if you (respondent) are awarded any portion of the requisition, you are required to provide notice as soon as practical to <u>all</u> the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor. The notice must specify at a minimum the contracting agency's name and its point of contact for the contract, the contract award number, the subcontracting opportunity they (the subcontractor) will perform, the approximate dollar value of the subcontracting opportunity and the expected percentage of the total contract that the subcontracting opportunity represents. A copy of the notice required by this section must also be provided to the contracting agency's point of contact for the contract no later than ten (10) working days after the contract is awarded.

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HSP Good Faith Effort - Method B (Attachment B)

| | , |
|--|--|
| Enter your company's name here: | Requisition #: |
| IMPORTANT: If you responded " No " to SECTION 2 , Items c and d of the completed HSP (Attachment B)" for each of the subcontracting opportunities you listed in SECTION 2 , Ite download the form at http://www.window.state.tx.us/procurement/prog/hub/hub-forms/HU | em b of the completed HSP form. You may photo-copy this page or |
| SECTION B-1 SUBCONTRACTING OPPORTUNITY | |
| Enter the item number and description of the subcontracting opportunity you listed in SECTION this attachment. | ON 2, Item b, of the completed HSP form for which you are completing |
| Item #: Description: | |
| SECTION B-2 Mentor Protégé Program | |
| If respondent is participating as a Mentor in a State of Texas Mentor Protégé Program, submi subcontractor to perform the subcontracting opportunity listed in SECTION B-1, constitutes a <u>specific</u> portion of work. | |
| Check the appropriate box (Yes or No) that indicates whether you will be subcontracting the po | ortion of work you listed in SECTION B-1 to your Protégé. |
| ☐ - Yes (If Yes, to continue to SECTION B-4.) | |
| ☐ - No / Not Applicable (If No or Not Applicable, continue to SECTION B-3 and SEC | CTION B-4.) |
| SECTION B-3 NOTIFICATION OF SUBCONTRACTING OPPORTUNITY | |

When completing this section you <u>MUST</u> comply with items <u>a</u>, <u>b</u>, <u>c</u> and <u>d</u>, thereby demonstrating your Good Faith Effort of having notified Texas certified HUBs <u>and</u> minority or women trade organizations or development centers about the subcontracting opportunity you listed in SECTION B-1. Your notice should include the scope of work, information regarding the location to review plans and specifications, bonding and insurance requirements, required qualifications, and identify a contact person. When sending notice of your subcontracting opportunity, you are encouraged to use the attached HUB Subcontracting Opportunity Notice form, which is also available online at http://www.window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/

Retain supporting documentation (i.e., certified letter, fax, e-mail) demonstrating evidence of your good faith effort to notify the Texas certified HUBs <u>and</u> minority or women trade organizations or development centers. Also, be mindful that a working day is considered a normal business day of a state agency, not including weekends, federal or state holidays, or days the agency is declared closed by its executive officer. The initial day the subcontracting opportunity notice is sent/provided to the HUBs <u>and</u> to the minority or women trade organizations or development centers is considered to be "day zero" and does not count as one of the seven (7) working days.

- a. Provide written notification of the subcontracting opportunity you listed in SECTION B-1, to three (3) or more Texas certified HUBs. Unless the contracting agency specified a different time period, you must allow the HUBs at least seven (7) working days to respond to the notice prior to your submitting your bid response to the contracting agency. When searching for Texas certified HUBs, ensure that you use the State of Texas' Centralized Master Bidders List (CMBL) and Historically Underutilized Business (HUB) Search directory located at http://www.window.state.tx.us/procurement/cmbl/cmblhub.html. HUB Status code "A" signifies that the company is a Texas certified HUB.
- b. List the three (3) Texas certified HUBs you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the company's Vendor ID (VID) number, the date you sent notice to that company, and indicate whether it was responsive or non-responsive to your subcontracting opportunity notice.

| Company Name | VID# | Date Notice Sent (mm/dd/yyyy) | Did the HUB Respond? |
|--------------|------|-------------------------------|----------------------|
| | | | ☐ - Yes ☐ - No |
| | | | ☐ - Yes ☐ - No |
| | | | ☐ - Yes ☐ - No |

- c. Provide written notification of the subcontracting opportunity you listed in SECTION B-1 to two (2) or more minority or women trade organizations or development centers in Texas to assist in identifying potential HUBs by disseminating the subcontracting opportunity to their members/participants. Unless the contracting agency specified a different time period, you must provide your subcontracting opportunity notice to minority or women trade organizations or development centers at least seven (7) working days prior to submitting your bid response to the contracting agency. A list of trade organizations and development centers that have expressed an interest in receiving notices of subcontracting opportunities is available on the Statewide HUB Program's webpage at http://www.window.state.tx.us/procurement/prog/hub/mwb-links-1/
- d. List two (2) minority or women trade organizations or development centers you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the date when you sent notice to it and indicate if it accepted or rejected your notice.

| Minority/Women Trade Organizations or Development Centers | Date Notice Sent (mm/dd/yyyy) | Was the Notice Accepted? |
|---|-------------------------------|--------------------------|
| | | ☐ - Yes ☐ - No |
| | | ☐ - Yes ☐ - No |

HSP Good Faith Effort - Method B (Attachment B) cont.

| ∟ni — | Enter your company's name here: Requisition #: | | | | |
|----------|---|---|---|------------------------------|---|
| | | | | | |
| SE | CTION B-4 SUBCONTRACTOR SELECTION | <u></u> | <u> </u> | <u> </u> | <u></u> |
| a. | Enter the item number and description of the subcontracting opportunity | y for which you are compl | eting this Attachmer | nt B continuation pag | је. |
| | Item #: Description: | | | | |
| b. | List the subcontractor(s) you selected to perform the subcontracting o HUB and their VID number, the approximate dollar value of the work t whether the company is a Texas certified HUB. | pportunity you listed in S o be subcontracted, the e | ECTION B-1. Also expected percentage | identify whether the | ey are a Texas certified contracted, and indicate |
| _ | Company Name | Texas certified HUB | VID # (Required if Texas certified HUB) | Approximate Dollar Amount | Expected Percentage of Contract |
| | | ☐ - Yes ☐ - No | | \$ | % |
| | | ☐ - Yes ☐ - No | | \$ | % |
| _ | | Yes No | | \$ | % |
| _ | | Yes No | | \$ | % |
| | | ☐ - Yes ☐ - No | | \$ | % |
| | | ☐ - Yes ☐ - No | | \$ | % |
| | | Yes No | | \$ | % |
| _ | | ☐ - Yes ☐ - No | | \$ | % |
| | | Yes No | | \$ | % |
| _ | | ☐ - Yes ☐ - No | | \$ | % |
| с. | If any of the subcontractors you have selected to perform the subcontra justification for your selection process (attach additional page if necessary) | acting opportunity you liste ary): | ed in SECTION B-1 | is <u>not</u> a Texas certif | ied HUB, provide <u>writter</u> |
| | | | | | |

REMINDER: As specified in SECTION 4 of the completed HSP form, if you (respondent) are awarded any portion of the requisition, you are required to provide notice as soon as practical to <u>all</u> the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor. The notice must specify at a minimum the contracting agency's name and its point of contact for the contract, the contract award number, the subcontracting opportunity it (the subcontractor) will perform, the approximate dollar value of the subcontracting opportunity and the expected percentage of the total contract that the subcontracting opportunity represents. A copy of the notice required by this section must also be provided to the contracting agency's point of contact for the contract no later than ten (10) working days after the contract is awarded.

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HUB Subcontracting Opportunity Notification Form

In accordance with Texas Gov't Code, Chapter 2161, each state agency that considers entering into a contract with an expected value of \$100,000 or more shall, before the agency solicits bids, proposals, offers, or other applicable expressions of interest, determine whether subcontracting opportunities are probable under the contract. The state agency I have identified below in **Section B** has determined that subcontracting opportunities are probable under the requisition to which my company will be responding.

34 Texas Administrative Code, §20.14 requires all respondents (prime contractors) bidding on the contract to provide notice of each of their subcontracting opportunities to at least three (3) Texas certified HUBs (who work within the respective industry applicable to the subcontracting opportunity), and allow the HUBs at least seven (7) working days to respond to the notice prior to the respondent submitting its bid response to the contracting agency. In addition, the respondent must provide notice of each of its subcontracting opportunities to two (2) or more minority or women trade organizations or development centers at least seven (7) working days prior to submitting its bid response to the contracting agency.

We respectfully request that vendors interested in bidding on the subcontracting opportunity scope of work identified in **Section C**, **Item 2**, reply no later than the date and time identified in **Section C**, **Item 1**. Submit your response to the point-of-contact referenced in **Section A**.

| Section A | PRIME CONTRACTOR'S INFORMATION | | |
|---|--|--|---|
| Company Name: | | Stat | e of Texas VID #: |
| Point-of-Contact: | | | Phone #: |
| E-mail Address: | | | Fax #: |
| Section B | CONTRACTING STATE AGENCY AND REQUISITION | INFORMATION | |
| Agency Name: | | | |
| Point-of-Contact: | | | Phone #: |
| Requisition #: | : | | Bid Open Date: |
| Section C | SUBCONTRACTING OPPORTUNITY RESPONSE DU | - DATE DESCRIPTION PROUREMENTS | (mm/dd/yyyy) |
| Section C | If you would like for our company to consider you | · | |
| | we must receive your bid response no later than: | Central Time | Date |
| | , | <u> </u> | (mm/dd/yyyy) |
| Potential Subcontractor's Bid | | | |
| Response Due Date: | In accordance with 34 TAC §20.14, each notice of subcontracting of days to respond to the notice prior to submitting our bid response in | o the contracting agency. In addition, we must provide the | same notice to two (2) or more minority or women trade |
| | organizations or development centers at least seven (7) working day. (A working day is considered a normal business day of a state agence | | |
| | initial day the subcontracting opportunity notice is sent/provided to the does not count as one of the seven (7) working days.) | e HUBs <u>and</u> to the minority or women trade organizations | or development centers is considered to be "day zero" and |
| | | | |
| 2. Subcontracting Opportunity | | | |
| Scope of Work: | | | |
| 3. Required | | | |
| Qualifications: | | | |
| | | | |
| 4. Bonding/Insurance Requirements: | | | |
| ☐ - Not Applicable | | | |
| E Landing to make | | | |
| 5. Location to review plans/specifications: | | | |
| ☐ - Not Applicable | | | |
| | <u>l</u> | | |



HUB Subcontracting Plan (HSP) Prime Contractor Progress Assessment Report

| This form mu | st be completed and subm | itted to the | contracti | ing agency | each mo | onth to document | complia | nce with your | HSP. | |
|-------------------------------|--|-----------------|-----------------------------------|------------|--|-----------------------|---|---------------|-------------------|--|
| Contract/Requisition | | Date of Award: | | | | | | Object Code: | | |
| Number: | | c of Awara. | (mm/dd/yyyy) | | | object oode. | (Agency Use Only) | | | |
| Contracting | | | | | ' | (IIIII) dd/yyyy) | | | (rigonoy ode omy) | |
| Agency/University Name: | | | | | | | | | | |
| Contractor (Company) Name: | | | | | s | State of Texas VID #: | | | | |
| | | | | | | | | | | |
| Point of Contact: | | | | | Phone #: | | | | | |
| Reporting (Month) Period: | Total Amount Paid this Reporting Period to Contractor: | | | | | | | | | |
| | | | | | | | | | | |
| Rep | oort HUB <u>and</u> | l Non | -HUE | 3 sub | cont | tractor in | forn | nation | | |
| | Subcontractor's VID or Federal EIN Number (HUB | | | | | | | | | |
| Subcontractor's | VID (Certificate Number) is required for all HUB subs) | HUB? (Yes or | Total Contract \$ Amount from HSP | | Total \$ Amount Paid This Reporting Period to | | Total Contract \$ Amount Paid to Date Object Co | | Object Code | |
| Name | | No) | | contractor | | Subcontractor | - | bcontractor | (Agency Use Only) | |
| | | | \$ \$ | - | \$ | <u> </u> | \$ | - | | |
| | | | \$ | _ | \$ | - | \$ | - | | |
| | | | \$ | _ | \$ | - | \$ | - | | |
| | | | \$ | - | \$ | - | \$ | A | | |
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| | | | \$ | - 1 | \$ | - | \$ | - | | |
| | | | \$ | - | \$ | <u>.</u> | \$ | | | |
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*Note: HUB certification status can be verified online at: http://www2.cpa.state.tx.us/cmbl/hubonly.html