TEXAS
Health and Human Services

Historically Underutilized Business (HUB)

HUB Subcontracting Plan (HSP) Training

08/2020

Agenda

- **HSP: What & Why?**
- **Various Subcontracting Options**
  a) Method I: All HUBs
  b) Method II: Mentor-Protégé
  c) Method III: Meeting/Exceeding
  d) Method IV: Solicitation
  e) Method V: Self Performing
- **CPA's Commodity Book**
- **CMBL Searching**

Agenda Continued

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- **HSP Requirements:**
  a) HSP (3 pages)
  b) Good Faith Effort Attachments
  c) Supporting Documentation
  d) Reminders
- **Post-Award & PARs**
- **HUB Office Contact Information**

HSP: What & Why?

WHY? It's the LAW!
(TGC §2161 and 34 TAC §20.285)

- **HUB Subcontracting Goal** = the assigned HUB subcontracting goal as per the 2009 Texas Disparity Study:

Other:
- ❑ 23.7%: Professional Services
- ❑ 26%: All Other Services
- ❑ 21.1%: Commodities

Construction Related:
- ❑ 11.2%: Heavy Construction
- ❑ 21.1%: Building Construction
- ❑ 32.9%: Special Trade Construction

HSP: What & Why? Continued

- **HUB** = Historically Underutilized Business
  - ❖ **A small business, by SBA standards**
  - ❖ **51%+ owned & operated by a member of the following groups:**
    - **Asian Pacific American,**
    - **Black American,**
    - **Hispanic American,**
    - **Native American,**
    - **American Woman, and/or**
    - **20%+ Service Disabled Veterans**
  - ❖ **Reside and primary place of business must be in Texas.**
  - ❖ **Active in the business daily control.**

- **CMBL (Centralized Master Bidders List) and HUB Directory = TX Certified HUBs**
- **HSP** = HUB Subcontracting Plan
- GFE = Good Faith Effort

HSP: What & Why? Continued

- ***Subcontractor** = Government Code, §2251.001:

  Contracts with a prime contractor towards
  - completing work
  - providing materials
  - supplies, equipment and/or services

  for a governmental entity.

Includes Non-W2 employee, 1099, or even teaming partners

Various Subcontracting Options

Method I:
All HUBs

<u>Only</u> currently certified active HUBs may be used to satisfy this GFE method.

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Various Subcontracting Options

Method II: Mentor-Protégé Agreement

- Prime = Mentor
- HUB = Protégé
- Approved state of TX sponsored agreement

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Various Subcontracting Options

Method III:

Meeting/Exceeding Goal

HUB subcontracting goal is *met or exceeded*

- ***HUBs & non-HUBs**

*With HUBs that the respondent has NOT been in a continuous contract of 5 years or more

Various Subcontracting Options

Method IV:
Solicitation Method

HUB subcontracting goal
Not met or Exceeded.

- **Use of HUBs & non-HUBs**

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Various Subcontracting Options

Method IV: Solicitation Method (Continued)

Requires:

- **Minimum of 3 Currently Certified HUBs per each subcontracting opportunity**
- **Minimum of 2 HUB Based Trade Orgs./Business Development Centers**
  - -in writing:
    - Email
    - Fax
    - Certified letters
- **Minimum 7 business days to respond**

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Various Subcontracting Options

Method V:
Self Performing

Prime contractor perform ALL aspects:

- **W2 employees**
- **Materials**
- **Supplies**
- **Specialized licenses**
- **Etc.**

Justification required and agency may request additional information including site audits

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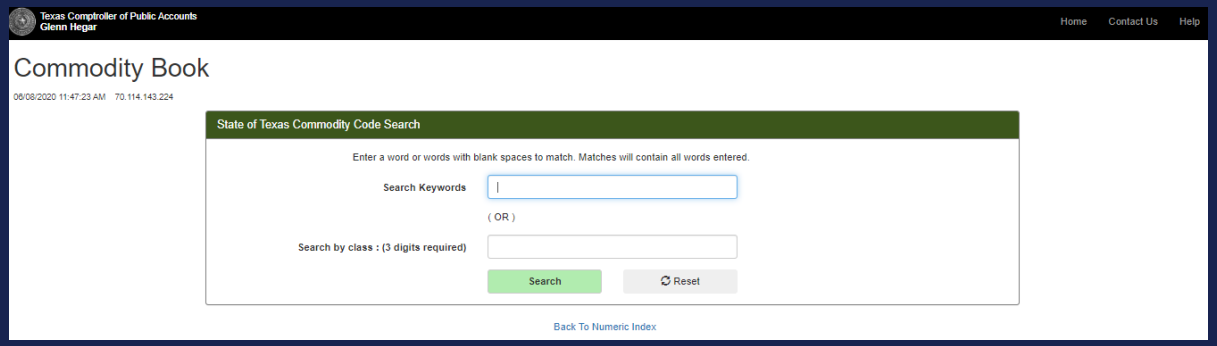
CPA's Commodity Book

https://mycpa.cpa.state.tx.us/commbook/



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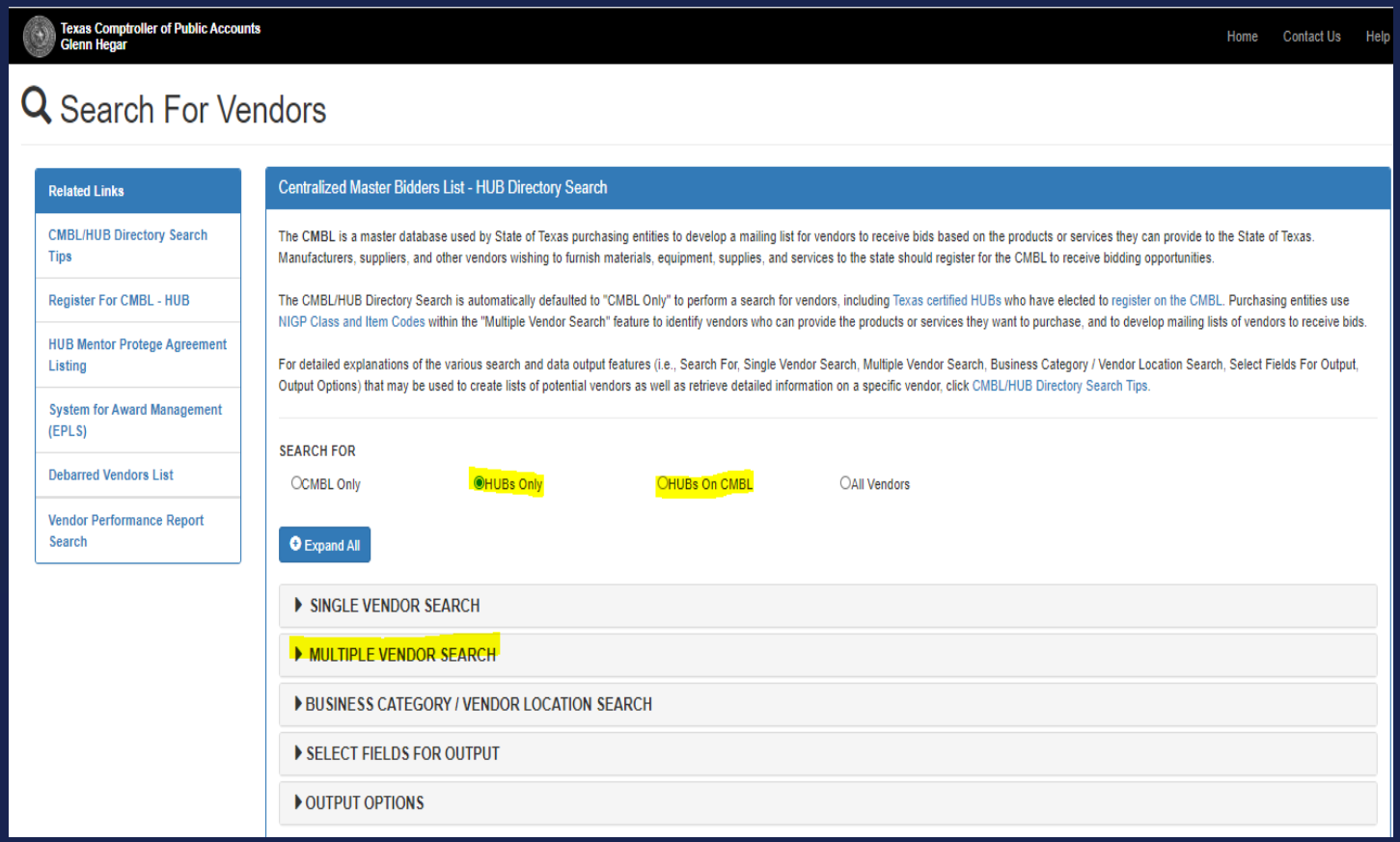
CMBL Searching

https://mycpa.cpa.state.tx.us/tpasscmblsearch/tpasscmblsearch.do



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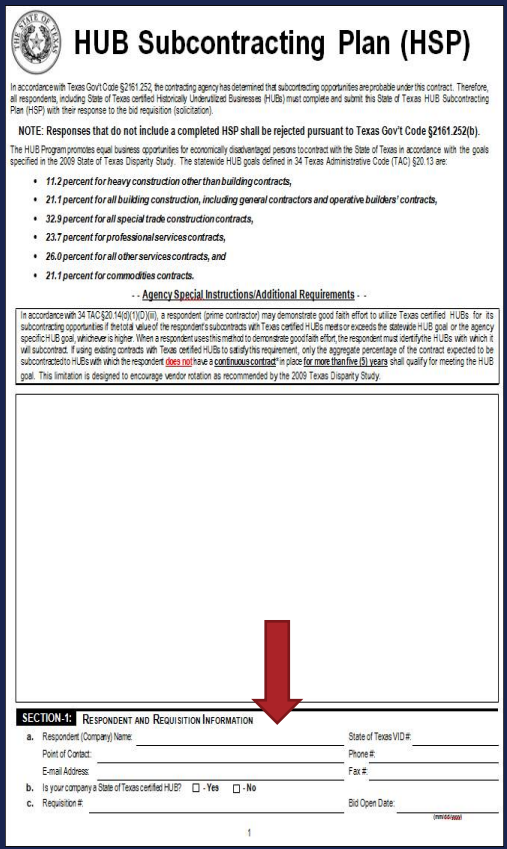
HSP Requirements: a) HSP Pages

All subcontracting method options require:

a) HSP (3 pages)

- Contractor/Company information
- Subcontracting intentions
- Binding signature.

HSP Requirements: a) HSP Page 1



HUB Subcontracting Plan (HSP)

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,***
- ***32.9 percent for all special trade construction contracts,***
- ***23.7 percent for professional services contracts,***
- ***26.0 percent for all other services contracts, and***
- ***21.1 percent for commodities contracts.***

- - **Agency Special Instructions/Additional Requirements** - -

In accordance with 34 TAC §20.14(d)(1)(D)(iii), a respondent (prime contractor) may demonstrate good faith effort to utilize Texas certified HUBs for its subcontracting opportunities if the total value of the respondent's subcontracts with Texas certified HUBs meets or exceeds the statewide HUB goal or the agency specific HUB goal, whichever is higher. When a respondent uses this method to demonstrate good faith effort, the respondent must identify the HUBs with which it will subcontract. If using existing contracts with Texas certified HUBs to satisfy this requirement, only the aggregate percentage of the contract expected to be subcontracted to HUBs with which the respondent does not have a continuous contract* in place for more than five (5) years shall qualify for meeting the HUB goal. This limitation is designed to encourage vendor rotation as recommended by the 2009 Texas Disparity Study.

SECTION 1: RESPONDENT AND REQUISITION INFORMATION

a. Respondent (Company) Name: _____ State of Texas VID #: _____
Point of Contact: _____ Phone #: _____
E-mail Address: _____ Fax #: _____

b. Is your company a State of Texas certified HUB? ☐ - Yes ☐ - No

c. Requisition # _____ Bid Open Date: _____ (mm/dd/yyyy)

1

1. Contractor/Company information

HSP Requirements: a) HSP Page 2

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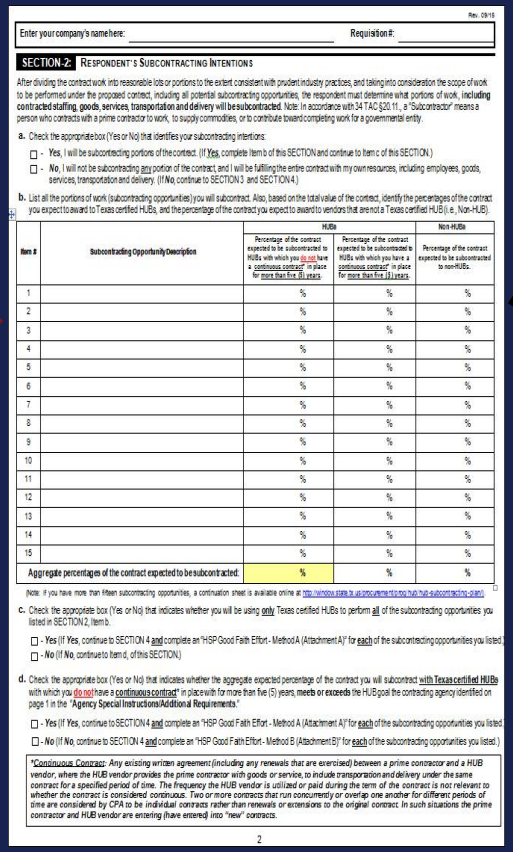
2. Subcontracting Intentions

Section 2: a. MUST indicate your subcontracting intentions

Section 2: b. List all Subcontracting

- List cumulative totals from each "Attachment A or B"
- Note "TBD" is NOT an acceptable response
- In cases of open ended contracts, the percentage is required, but the $ amount is an unknown variable and may be excluded. Please obtain guidance from HUB Coordinator prior to omitting.



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Enter your company's name here: _____ Requisition #: _____

SECTION 2: RESPONDENT'S 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 contracted staffing, goods, services, transportation and delivery will be subcontracted.** Note: In accordance with 34 TAC §20.11, a "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.)

☐ - **No**, I will not be subcontracting any portion of the contract, and I will be fulfilling the entire contract with my own resources, including employees, goods, services, transportation and delivery. (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).

Item #	Subcontracting Opportunity Description	HUBs		Non-HUBs
		Percentage of the contract expected to be subcontracted to HUBs with which you do not have a "continuous contract" in place for more than five (5) years.	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 **only** Texas certified HUBs to perform **all** 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 **do not** have a **continuous contract*** in place with for more than five (5) years, **meets or exceeds** the HUB goal the contracting agency identified on page 1 in the "**Agency Special Instructions/Additional Requirements.**"

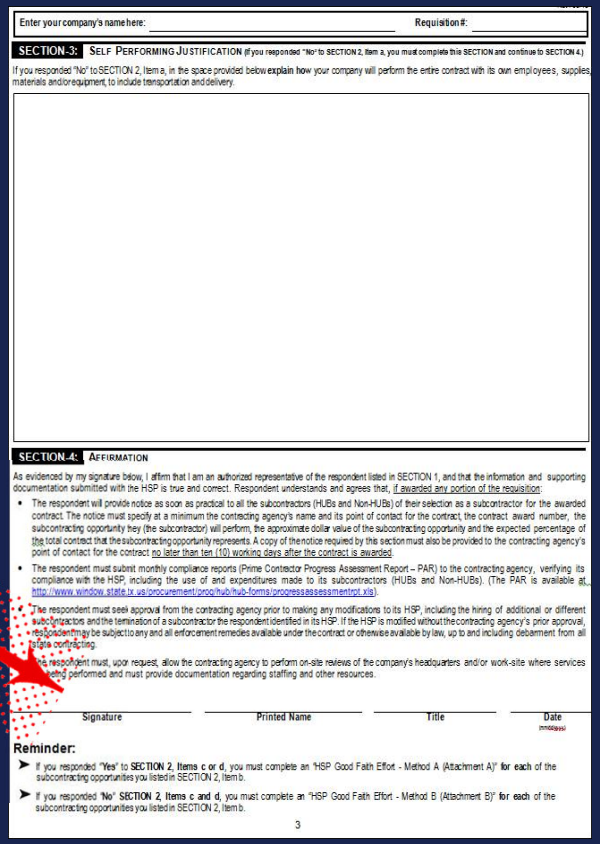
☐ - **Yes** (If **Yes**, continue to SECTION 4 **and** complete an "HSP Good Faith Effort - Method A (Attachment A)" for **each** of the subcontracting opportunities you listed.)

☐ - **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, to include transportation and delivery 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.*

2

HSP Requirements: a) HSP Page 3



Enter your company's name here: _____ Requisition #: _____

SECTION-3: SELF PERFORMING JUSTIFICATION (If you responded "No" to SECTION 2, Item a, you must complete this SECTION and continue to SECTION 4.)

If you responded "No" to SECTION 2, Item a, in the space provided below **explain how** your company will perform the entire contract with its own employees, supplies, materials and/or equipment, to include transportation and delivery.

SECTION-4: AFFIRMATION

As evidenced by my signature below, I affirm that I am an authorized representative of the respondent listed in SECTION 1, and that the information and supporting documentation submitted with the HSP is true and correct. Respondent understands and agrees that, if awarded any portion of the requisition:

- The respondent will provide notice as soon as practical to all the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor for the awarded contract. 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 hey (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.
- The respondent must submit monthly compliance reports (Prime Contractor Progress Assessment Report – PAR) to the contracting agency, verifying its compliance with the HSP, including the use of and expenditures made to its subcontractors (HUBs and Non-HUBs). (The PAR is available at http://www.window.state.tx.us/procurement/prog/hub/hub-forms/progressassessmentrpt.xls).
- The respondent must seek approval from the contracting agency prior to making any modifications to its HSP, including the hiring of additional or different subcontractors and the termination of a subcontractor the respondent identified in its HSP. If the HSP is modified without the contracting agency's prior approval, respondent may be subject to any and all enforcement remedies available under the contract or otherwise available by law, up to and including debarment from all state contracting.
- The respondent must, upon request, allow the contracting agency to perform on-site reviews of the company's headquarters and/or work-site where services are being performed and must provide documentation regarding staffing and other resources.

Signature	Printed Name	Title	Date (mm/dd/yyyy)

Reminder:

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

3

SIGN HERE

3. Binding signature

HSP Requirements: b) GFE Attachments

TEXAS Health and Human Services

b) <u>Good Faith Effort (GFE) Attachments</u>

- **Method I: All HUBs**
- **Method III: Meeting/Exceeding Contract's HUB Goal**

  = **Attachment "A"** (single page)

- **Method II: Mentor-Protégé Agreement**
- **Method IV: Solicitation Method**

  = **Attachment "B"** (front & back pages)

HSP Requirements:
b) GFE Attachments A

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Method I or III:

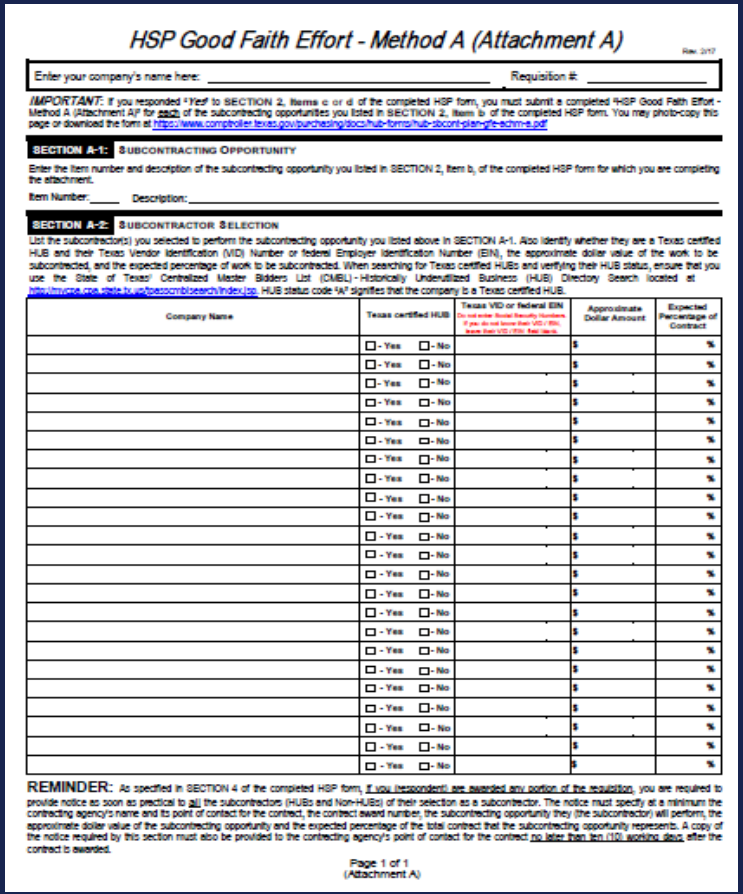
1. Contractor Company Name 1
2. Subcontracting Opportunity 2
3. Subcontractor Selection 3

Identify:

- **Company Name**
- **Texas Certified HUB (Y) or (N)**
- **Texas VID or Federal EIN #**

(*Note: **no Social Security Numbers***)

- **Percentage and Dollar Amount**
- **Note these methods do NOT required the 7 days notifications**



HSP Good Faith Effort - Method A (Attachment A)

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Enter your company's name here: _____ Requisition #: _____

IMPORTANT: If you responded "*Yes*" to SECTION 2, **Items** c or d of the completed HSP form, you must submit a completed "HSP Good Faith Effort - Method A (Attachment A)" for each of the subcontracting opportunities you listed in SECTION 2, **Item** b of the completed HSP form. You may photo-copy this page or download the form at https://www.comptroller.texas.gov/purchasing/docs/hub-forms/hub-sbcont-plan-gfe-achm-a.pdf

SECTION A-1: SUBCONTRACTING OPPORTUNITY

Enter the item number and description of the subcontracting opportunity you listed in SECTION 2, Item b, of the completed HSP form for which you are completing the attachment.

Item Number:_____ 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 Texas Vendor Identification (VID) Number or federal Employer Identification Number (EIN), the approximate dollar value of the work to be subcontracted, and the expected percentage of work to be subcontracted. When searching for Texas certified HUBs and verifying their HUB status, ensure that you use the State of Texas' Centralized Master Bidders List (CMBL) - Historically Underutilized Business (HUB) Directory Search located at http://mycpa.cpa.state.tx.us/tpasscmblsearch/index.jsp. HUB status code "A" signifies that the company is a Texas certified HUB.

Company Name	Texas certified HUB	Texas VID or federal EIN Do not enter Social Security Numbers. If you do not know their VID / EIN, leave their VID / EIN field blank.	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		$	%

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 all 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.

Page 1 of 1
(Attachment A)

HSP Requirements:
b) GFE Attachments B (Front)

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Method II or IV: Front

1. Contractor Company Name

2. Subcontracting Opportunity

3a. Subcontractor Notification

1

2

3

HSP Good Faith Effort - Method B (Attachment B)

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Enter your company's name here: _____ **Requisition #:** _____

IMPORTANT: If you responded "No" to **SECTION 2, Items c** and **d** of the completed HSP form, you must submit a completed "HSP Good Faith Effort - Method B (Attachment B)" for each of the subcontracting opportunities you listed in **SECTION 2, Item b** of the completed HSP form. You may photo-copy this page or download the form at http://window.state.tx.us/procurement/prog/hub/hub-forms/hub-sbcont-plan-gfe-achm-b.pdf

SECTION B-1: SUBCONTRACTING OPPORTUNITY

Enter the item number and description of the subcontracting opportunity you listed in SECTION 2, Item b, of the completed HSP form for which you are completing the attachment.

Item Number: _____ **Description:** _____

SECTION B-2: MENTOR PROTÉGÉ PROGRAM

If respondent is participating as a Mentor in a State of Texas Mentor Protégé Program, submitting its Protégé (Protégé must be a State of Texas certified HUB) as a subcontractor to perform the subcontracting opportunity listed in SECTION B-1, constitutes a good faith effort to subcontract with a Texas certified HUB towards that specific portion of work.

Check the appropriate box (Yes or No) that indicates whether you will be subcontracting the portion 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 SECTION B-4.)

SECTION B-3: NOTIFICATION OF SUBCONTRACTING OPPORTUNITY

When completing this section you MUST comply with items a, b, c and d, thereby demonstrating your Good Faith Effort of having notified Texas certified HUBs and 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 and 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 and to the 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://mycpa.cpa.state.tx.us/tpass-cmblsearch/index.jsp . 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 Number	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 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 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) **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.

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

Page 1 of 2
(Attachment B)

3b. Complete a form for each Subcontracting Item listed on Page 2 of the HSP.:

- **(3) Texas certified HUBs and**
- **(2) Trade Org.s/Develop.**
- **Centers**
- **MUST provide at least 7 working for response**

Provide supporting documentation (email, fax, etc.).

HSP Requirements:
b) GFE Attachments B (Back))

TEXAS Health and Human Services

Method II or IV: back

1. Contractor Company Name

2. Subcontracting Opportunity

3. Subcontractor Selection:
- **Company Name**
- **Texas Certified HUB (Y) or (N)**
- **Texas VID or Federal EIN #**

(*Note: no Social Security Numbers*)
- **Percentage**
- **Dollar Amount**
- **Note "TBD" is NOT acceptable**

Please provide justification for Non-HUB Subcontractor(s)

1

2

3

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

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Enter your company's name here: _____ Requisition #: _____

SECTION B-3: SUBCONTRACTOR SELECTION

Enter the item number and description of the subcontracting opportunity you listed in **SECTION 2, Item b,** of the completed HSP form for which you are completing the attachment.

a. Enter the item number and description of the subcontracting opportunity for which you are completing this Attachment B continuation page.

Item Number: _____ **Description:** _____

b. List the subcontractor(s) you selected to perform the subcontracting opportunity you listed in **SECTION B-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 Number (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		$	%

c. If any of the subcontractors you have selected to perform the subcontracting opportunity you listed in **SECTION B-1** is not a Texas certified HUB, provide written justification for your selection process (attach additional page if necessary).

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 all 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.

Page 2 of 2
(Attachment B)

HSP Requirements: c) Documentation

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Most subcontracting method options require:

- **<u>HUB Vendor Profiles on CMBL/HUB Directory</u>**
  i. HUB's VID#
  ii. Contact information
  iii. Certification status "A" = Active
  iv. Certification expiration date

- **<u>Written GFE notification (Method IV Solicitation)</u>**
  1. **Sent emails**
  2. **Certified Letters**
  3. **Fax logs**

     *7 business days to respond

HSP Requirements:
d) Reminders

- Quick Checklist
- GFE Attachment quick hints:
  - Odd = Attachment A
  - Even = Attachment B
- Changes to the final HSP are not allowed after the final submission.
- HSP Courtesy Reviews are available upon written request. Please allow sufficient time for review.
- Contact the assigned HUB Coordinator with any HSP related questions.

Post-Award

1. HUB Post-Award Meetings
   a. **Notification of selected subcontractors** must be submitted within 10 days after the award.
      Email the HUB Program Office: **HHSCHUB@hhsc.state.tx.us**.

   b. **PARs (Progress Assessment Reports)**
      i. Required with All Pay Request/invoices.
      ii. List All Subcontractors payments (HUBs and Non-HUBs).
      iii. Required even if **Self-Performing** all the work.
      Email to: **HUB_PAR@hhsc.state.tx.us**

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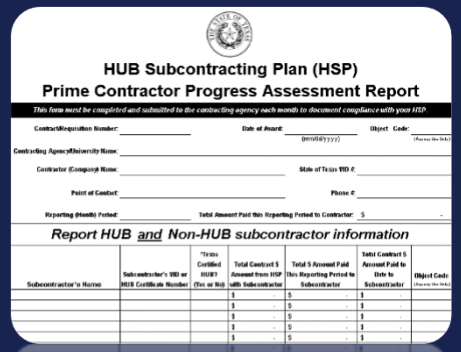

HUB Subcontracting Plan (HSP)
Prime Contractor Progress Assessment Report

This form must be completed and submitted to the contracting agency each month to document compliance with your HSP.

Contract/Requisition Number: _____ Date of Award: _____ (mm/dd/yyyy) Object Code: _____ (Factory Use Only)

Contracting Agency/University Name: _____

Contractor (Company) Name: _____ State of Texas VID #: _____

Point of Contact: _____ Phone #: _____

Reporting (Month) Period: _____ Total Amount Paid this Reporting Period to Contractor: $ _____ .

Report HUB and Non-HUB subcontractor information

Subcontractor's Name	Subcontractor's VID or HUB Certificate Number	*Texas Certified HUB? (Yes or No)	Total Contract $ Amount from HSP with Subcontractor	Total $ Amount Paid This Reporting Period to Subcontractor	Total Contract $ Amount Paid to Date to Subcontractor	Object Code (Factory Use Only)
			$.	$.	$.	
			$.	$.	$.	
			$.	$.	$.	
			$.	$.	$.	
			$.	$.	$.	

HUB Office Contact Information

- hhscHUBoutreach@hhsc.state.tx.us

(512) 406-2570

- For an active solicitation contact HUB Coordinator listed in the solicitation docs

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Thank You