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Vendor Conference

Pest Control Services at Richmond State Supported Living Center

HHS0012185A

Vendor Conference Agenda

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- Procurement Activities
- Project Overview
- HUB
- Questions Submittal
- Preliminary Responses to Questions
- Closing Commentary

Sole Point of Contact

Contact Information

Will Andres, Purchaser,

Procurement and Contracting Services (PCS), HHSC

Email: Will.Andres@hhs.texas.gov

Cheryl Bradley, HUB Coordinator

Historical Underutilized Business – HUB, HHSC

Email: Cheryl.Bradley@hhs.texas.gov

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Procurement Roles

HHSC Procurement Team

- **PCS** - Responsible for procurement activity
- **Program** - Responsible for project scope, requirements, performance, results, contract management and monitoring
- **HUB**- Responsible for HUB activity

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Schedule of Events

Upcoming Events

Deadline for Submitting Questions	
November 28, 2022	5:00 pm - Central Standard Time

HHSC Posts Responses to Vendor Questions
November 29, 2022

Courtesy Review of HUB Subcontracting Plan (HSP) Submission Deadline	
November 29, 2022	5:00 pm – Central Standard Time

Deadline for submission of Solicitation Responses	
December 8, 2022	10:30 am - Central Standard Time

Anticipated Contract Start Date
January 2023

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Solicitation Access

The posting on the Electronic State Business Daily (ESBD) is located at:

https://www.txsmartbuy.com/esbddetails/view/HHS0012185A

HHSC will post all official communication regarding this solicitation on the ESBD website, including the notice of award.

- HHSC reserves the right to cancel this solicitation, or to make no award if it determines such action is in the best interest of the state.
- HHSC may, in its discretion, reject any and all bid responses or portions thereof.

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Submission Requirements

For Submittal information please see Solicitation Appendix A: SUBMISSION INSTRUCTIONS AND RESPONSE CHECKLIST

Hardcopy Submission, emailed responses, and responses submitted electronically through the HHS Online Bid Room will be accepted. Emailed responses must be submitted to: pcsbids@hhsc.state.tx.us **Only**. For instructions regarding registration and use of the HHS Online Bid Room, see **Exhibit F**. Online, electronic responses must be submitted to the link specified in Exhibit F.

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Checklist for Submission Response

This checklist is included to provide assistance in submitting a complete and accurate response to this Solicitation.

Failure to submit the following with the Response **WILL disqualify** the Bidder from further consideration for evaluation or award.

- ❑ **Exhibit A** – HHS Solicitation Affirmations
- ❑ **Exhibit C** - Bid Execution Page
- ❑ **Exhibit D1** - Pricing Sheet
- ❑ **Exhibit H** – HUB Subcontracting Plan (HSP)

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Checklist for Submission Response

Failure to submit the following with the Response MAY disqualify a Bidder. HHSC will review all Responses received and will determine if any or all Responses which do not include the complete, signed (if applicable) copies of Addenda or requested information and documentation will be disqualified or whether additional time will be permitted for submission of the incomplete or missing documentation. If additional time will be permitted, Bidders will be notified in writing to provide the missing documentation by a specified deadline. Failure by Bidder to submit the requested documentation by that deadline WILL result in disqualification.

- ❑ **Exhibit E** – Bidder Reference Form
- ❑ **Bidder's Minimum Experience and Qualifications** - Section 7.1.5

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Checklist for Submission Response

- ❑ **Demonstration of the ability to perform** by a written description of the size and scope of all operations, including the number of Bidder's employees available to provide customer service, order fulfillment, safe shipping and handling of product and the number of supervisors for each location, as applicable. Bidder must include the number of years it has been in business.

- ❑ **Provide any other information Bidder believes is pertinent** to demonstrate the Bidder's financial capability, financial solvency, and capacity to fulfill the requirements of this Solicitation.

- ❑ **Addenda,** if applicable

- ❑ **Public Information Act** Copy of Response, if applicable

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Screening & Evaluation Award Information

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Screening & Evaluation

For Screening and Evaluation information please see Section 15 and 16 in the bid solicitation.

Award Information

For Award Information please see Section 17 in the bid solicitation.

HHS Sole Point of Contact

- ***All*** communications relating to this solicitation ***must*** be directed to the HHSC Sole Point of Contact, except for matters related to HUB requirements.
- ***All*** communications between respondents and other HHSC staff members concerning this solicitation are ***strictly prohibited.***
- Failure to comply with these requirements may result in proposal disqualification.

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Scope of Work

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Exhibit G

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Historically Underutilized Business (HUB)

HUB Subcontracting Plan (HSP) Training

06/24/21

Agenda

1. HSP Method Options
2. Required HSP Pages
3. Method V: Section 3
4. GFE Attachment A
5. GFE Attachment B
6. Additional Information
7. Special Reminders
8. HUB Contact Information

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Responses that do not include a completed HSP shall be Rejected pursuant to:

TGC §2161.252(b)

and

34 TAC 20.285

HSP Method Options

Subcontracting Method Options	Subcontracting Method Definition
I: All HUB(s)	Utilizing only Texas certified HUB(s). See GFE Attachment A.
II: Mentor-Protégé Relationship	Utilizing an approved M/P agreement. See GFE Attachment B.
III: Meeting/Exceeding HUB Goal	Subcontracting goal met by HUB(s). See GFE Attachment A.
IV: Solicitation Method	Subcontracting utilization goal not met. See GFE Attachment B: **Contact 3+ HUBs & 2 minority/trade organizations in writing.**
V: Self Performing	Contractor performs all work with own resources. No GFE Attachment.

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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) §20.284 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 §20.285(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 contracts 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 2000 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)

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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 and services will be subcontracted.** Note: In accordance with 34 TAC §20.282, 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 and services. (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: 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.	HUBs: 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.	Non-HUBs: 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 https://www.comptroller.texas.gov/purchasing/vendor/hub/forms.php).

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 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.*

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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.

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 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.
- 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 https://www.comptroller.texas.gov/purchasing/docs/hub-forms/ProgressAssessmentReportForm.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.

HSP Required Pages Continued

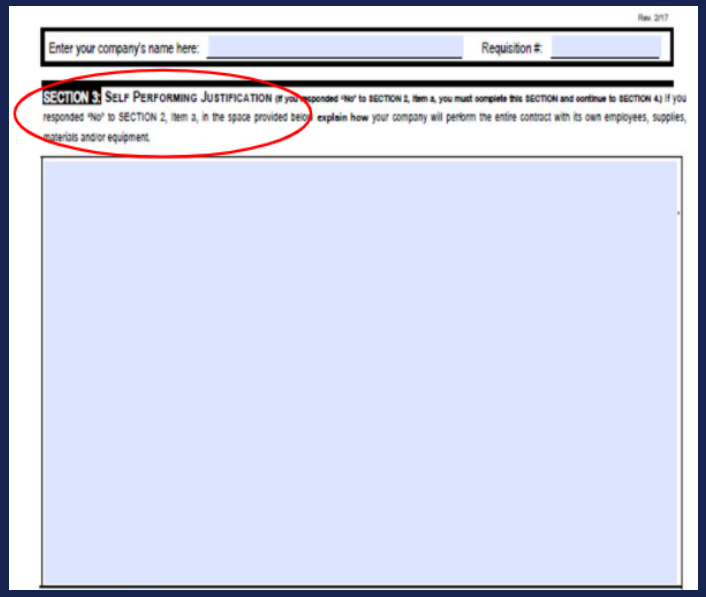
All subcontracting method options require:

- ✓**Page 1, Section 1:** Respondent & Bid Information
- ✓**Page 2, Section 2:** Respondent's Subcontracting Intentions
  - Yes – fill out part b., c., & d (if applicable)
  - No – see next slide/Section 3
- ✓**Page 3, Section 4:** Affirmation signature

Method V: Section 3

The Prime contractor performs **ALL** work-related activities

- Equipment
- Materials
- Supplies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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.

- Transportation
- Delivery
- W-2 Employees

Agency may request additional information.

GFE Attachment A

Method I or III:

1. **Contractor Name / Solicitation #**

2. **Subcontracting Opportunity**

3. **Subcontractor Selection**
   a. Company Name
   b. TX HUB: Y/N
   c. TX VID or Federal EIN #
   d. % & $:
   *"TBD" is NOT acceptable

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		$	%

GFE Attachment B - 1 of 2

TEXAS Health and Human Services

Method II or IV:

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 https://www.comptroller.texas.gov/purchasing/docs/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***, continue to SECTION B-4.)

☐ **- No / Not Applicable** (If ***No*** or ***Not Applicable***, continue to SECTION B-3 and SECTION B-4.)

- **3+ "Active" Certified HUBs**
- **2 Trade Org./Bus. Development Centers**

b. List the **three (3) Texas certified HUBs** you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the company's Texas Vendor Identification (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	Texas VID (Do not enter Social Security Numbers.)	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 https://www.comptroller.texas.gov/purchasing/vendor/hub/resources.php.

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)

Written Notices:

*Minimum **7 Working** days.

***Supporting documents** (email, fax, etc.).

GFE Attachments B - 2 of 2

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Method II or IV:

1. Contractor Name / Solicitation #

2. Subcontracting Opportunity

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):

Please provide **justification for all Non-HUB Subcontractors*

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)

3. Subcontractor Selection

a. Company Name
b. Texas Certified HUB (Y) or (N)
c. Texas VID or Federal EIN #
d. % & $
   - Note "TBD" is NOT acceptable

Additional Information

Subcontracting method options I-IV require:

- **<u>HUB Vendor Profiles on CMBL/HUB Directory</u>**

  i. HUB's VID#
  ii. Contact information
  iii. "A" = Active status
  iv. Expiration date

- **<u>Written GFE notification (Method IV only)</u>**

  1. Sent emails
  2. Certified Letters
  3. Fax logs

     *7 business days to respond

Special Reminders

- Review HSP Checklist for guidance.
- Check the Solicitation HUB *Subcontracting* Goal %.
- Choose an HSP method & provide documentation.
- The Commodity Book is the only resource for NIGP or class/item codes.
- The CMBL/HUB Directory is a resource to seek out certified active Texas HUBs.
- HSP Courtesy Reviews are available upon written request.
- No HSP changes are allowed until after contract award.

HUB Contact Information

hhschuboutreach@hhs.texas.gov

(512) 406-2570

*Active solicitation HSP questions contact designated HUB Coordinator.

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HUB Coordinator Contact Information

Cheryl Bradley

Cheryl.bradley@hhs.texas.gov

(512) 406-2529

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Questions and Answers

Questions asked during this meeting are non-binding verbal answers to vendor questions. If you'd like your question to be a binding question or need clarification, please submit your response to the sole point of contact, PCS Purchaser, at will.andres@hhs.texas.gov, by November 28, 2022 at 5:00pm CST.

Binding questions received by this deadline will be responded to in an addendum and posted on the ESBD website by November 29, 2022. At this time does anyone have any questions that they would like to ask?

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Closing Comments

- Respondents are responsible for meeting the solicitation requirements, including any addenda.
- Respondents must check the ESBD frequently for any new amendments that may have been added to this solicitation.

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Thank You