

HUB Subcontracting Plan (HSP)

Prime Contractor Progress Assessment Report (PAR)

(for Special Trades and NON-Construction related Commodities/Services use only)

This form must be completed	and Submitted to the C	onuacun	g agency <u>each in</u>	<u>Omin</u> to document	compnance with	your HSP.
UTS Contract No.:	Date of Award: (mm/dd/yyyy				Object Code:	
UTS RFP/RFQ/ITB No.:			_	(mm/dd/yyyy)		(Agency Use Only)
Invoice Number(s):			Exclusive Acqui	isition? Yes No	Self-performing?	Yes No
	Is your company a State of Texas certified HUB? Yes No					
	is your company a State of Lexas certified HUB? Yes No					
, tadido (di 1 10)000 (10)	*(applies only to project-driven contracts)					
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 When verifying subcontractors' HUB status, ensure that you use the State of Texas' Centralized Master Bidders List (CMBL) - Historically Underutilized (HUB) Directory Search located at: https://mycpa.cpa.state.tx.us/tpasscmblsearch/tpasscmblsearch/do HUB status code "A-Active" signifies that the company is a Texas certified HUB.						
Subcontractor's Name	Subcontractor's VID or HUB Certificate Number (if Non- HUB, leave blank)	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 (Agency Use Only)
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		TOTALS:	\$	\$	\$	
Signature:						
Printed Name: Phone #:						