## **Instructions for Completing HUB Prime Contractor Assessment (PAR)**

The PAR form is a requirement of the HUB Subcontracting Plan, and is to be included with every invoice against a contract which included an HSP. The submission of the PAR form is required whether there is any subcontracting to report or not. Any questions regarding this requirement should be addressed at the time of contract negotiations with the HUB Programs Office and the Contracts and Purchasing Department.

1. Fill out the top of the form with your company and contract identifiers. If there is no subcontracting, simply leave the rest of the form blank, sign, and submit.

## 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:	(Agency 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	\$		-			

- 2. If there is subcontracting to report, fill in the name and HUB VID (found on the Comptroller's website) for each subcontractor, as well as the anticipated total contract amount. This amount can be updated as needed.
- 3. With each invoice, enter the amount paid this reporting period to subcontractor and keep total paid to date current. The PAR form is available as an excel spreadsheet to assist in this. Please contact your HUB Coordinator for forms and with any specific questions.

Report HUB and Non-HUB subcontractor information									
Subcontractor's Name	Subcontractor's VID or HUB Certificate Number	Certified HUB? (Yes or	Total Contract \$ Amount from HSP with Subcontractor	This Reporting Period to Subcontractor	Amount Paid to  Date to  Subcontractor	Object Code (Agency Use Only)			
			\$ -	\$ -	\$ -				
			\$ -	\$ -	\$ -				
			\$ -	\$ -	\$ -				
			\$ -	\$ -	\$ -				
			\$ -	\$ -	\$ -				
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