Office of HUB Programs 512-499-4530 www.utsystem.edu/hub

Exhibit H – Policy on Utilization Historically Underutilized Businesses

Scope of Work Defined* (SD)

Option 3 HUB Subcontracting Plan for:

- Commodities
- Special Trades
- Other Services
- Miscellaneous Professional Services

UT System Administration Only

For questions or clarifications regarding the HUB Subcontracting Plan, please contact the HUB Coordinator listed below:

Kyle Hayes HUB Coordinator 512-322-3745 khayes@utsystem.edu

*Scope of Work as defined in RFP/ Solicitation



Table of Contents

l.	Instructions to Complete the HSP	Page 3
II.	Letter of Transmittal	Page 4
III.	HUB Subcontracting Plan (HSP)	Pages 5-9
IV.	Sample Prime Contractor Progress Assessment Report (PAR)*	Page 10

^{* &}lt;u>Note 1</u>: If awarded a contract, the Prime Contractor Progress Assessment Report (PAR) is a required form with each payment application submitted. This form is a condition of payment.

UT System Administration Historically Underutilized Subcontracting Plans (HSP)

Commodities-31.04%, Other Services-26%, Special Trades-32.9%, Miscellaneous Professional Services – 23.7%

Option 3 – Complete if subcontracting opportunities by both HUB and non-HUB vendors meet or exceed the HUB goals stated above.

Section 1

Respondent and Requisition Information. Complete as indicated on the form. VID # refers to the tax ID number.

Section 2A

Mark the 'YES", I will be subcontracting portions of the contract.

Section 2B

List all the portions of work you will subcontract, and indicated the percentage of the contract you expect to award to HUB vendors and Non HUB vendors

Section 2C

Mark "NO".

Section 2D

Mark "YES".

Section 4

> Sign the form. Include your e-mail address and contact phone number should UT System HUB have any questions.

Good-Faith Effort (Attachment A)

Complete this attachment for each subcontracting opportunity listed in Section 2B.

Section A1

List the name of the subcontracting opportunity listed on the corresponding line in Section 2B.

Section A2

Please include their VID #, State of Texas HUB certificate, the appropriate \$ amount and the contract percentage.

HUB Subcontracting Plan Required Documents

HUB forms may also be downloaded at: http://www.utsystem.edu/offices/historically-underutilized-business/hub-forms

Changes to the Plan

Once the HUB Plan has been submitted any changes to the HSP must be approved in writing by the UT System project manager and HUB Coordinator **prior** to any work commencing by the new subcontractor. Once the contract has been awarded the HSP is considered part of the contract. Violations to the HSP can be deemed a breach of contract by UT System.

Reporting – After Award

Prime contractor payment requests shall include: Prime Contractor Progress Assessment Report (PAR) identify all HUB and non-HUB subcontractor payments. PAR form and instructions for completion can be found at: http://www.utsystem.edu/offices/historically-underutilized-business/hub-forms

<u>NOTE:</u> RESPONSES THAT DO NOT INCLUDE AN HSP WILL BE REJECTED AS A MATERIAL FAILURE TO COMPLY WITH ADVERTISED SPECIFICATIONS IN ACCORDANCE WITH THE RFP/ RFQ.

Regional HUB Coordinator The University of Texas System Office of HUB Programs 201 W. 6th Street, Room B.140E Austin, Texas 78701

RE: Historically Underutilized Business Plan for (Project Title):	
Project/ RFP/ RFQ Number:	

Dear

I am pleased to forward this HUB Subcontracting Plan as an integral part of our response in connection with your invitation for Request for Proposals referencing the above project.

I have read and understand The University of Texas System Policy on Utilization of Historically Underutilized Businesses (HUBs). I also understand the State of Texas Annual Procurement Goal according to 34 Texas Administrative Code Section 20.284, and the goal as stated in the Agency Special Instructions section of the HUB Subcontracting Plan, page 8.

Subcontractors	No. of Subcontractors	Total Subcontract \$ Value	Total Estimated Subcontracting	% Minority Owned	% Woman Owned	% Service Disabled Veteran
HUB			%	%	%	%
NON-HUB			%			
TOTAL			%			

I understand the above HUB percentages must represent Texas Comptroller HUB certification standards. For each of the listed HUB firms, I have attached a Texas Comptroller HUB Certification document.

During the course of this contract should we discover additional subcontractors claiming Historically Underutilized Business status or if for some reason a HUB is unable to fulfill its contractual obligation with us, we will notify you immediately in order to take the appropriate steps to amend this HUB subcontracting Plan.

Sincerely,		
(signature)		
(print name)		

Project Executive cc: Project Manager



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 2009 Texas Disparity Study.

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 effective January 1, 2016.

Miscellaneous Professional Services – 23.7% Commodities-31.04% Other Services-26% Special Trades- 32.9%

- 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 other expression of interest to be considered Non-responsive.
- Prime Contractor Progress Assessment Report (PAR) shall be submitted with each request for payment as a condition of payment. A copy of the UT System Contract Management System (UTCMS) Compliance Report shall be attached to the State of Texas HUB PAR and shall be submitted with each request for payment as a condition of payment.
- Please note that phone logs are no longer acceptable documentation of Good Faith Effort. Only fax, email and certified letter are acceptable.

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:	

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).

	HUBs			Non-HUBs
Item #	Subcontracting Opportunity Description	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 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 <u>only</u> Texas certified HUBs to perform <u>all</u> of the subcontracting opportunities you listed in SECTION 2, Itemb.
 - 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, ofthis 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.

Enter your company's name here:	Requisition#:

SECTION 2: RESPONDENT'S SUBCONTRACTING INTENTIONS (CONTINUATION SHEET)

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).

		HL	Non-HUBs	
Item #	Subcontracting Opportunity Description	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.
16		%	%	%
17		%	%	%
18		%	%	%
19		%	%	%
20		%	%	%
21		%	%	%
22		%	%	%
23		%	%	%
24		%	%	%
25		%	%	%
26		%	%	%
27		%	%	%
28		%	%	%
29		%	%	%
30		%	%	%
31		%	%	%
32		%	%	%
33		%	%	%
34		%	%	%
35		%	%	%
36		%	%	%
37		%	%	%
38		%	%	%
39		%	%	%
40		%	%	%
41		%	%	%
42		%	%	%
43		%	%	%
	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 company's name here:		Requisition#:	
	FICATION (If you responded "No" to SECTION 2, Item a, you ace provided below explain how your company will pe		
0-0-100			
SECTION 4: AFFIRMATION		I' I I' OFOTIONA III III ' C	
	at I am an authorized representative of the respondent I SP is true and correct. Respondent understands and ag		
 The respondent will provide notice as soc contract. The notice must specify at a minim opportunity they (the subcontractor) will pe 	on as practical to all the subcontractors (HUBs and N num the contracting agency's name and its point of contaction, the approximate dollar value of the subcontractions. A copy of the notice required by this section must	ion-HUBs) of their selection as a subco act for the contract, the contract award no ing opportunity and the expected percer	ontractor for the awarded umber, the subcontracting ntage of the total contrac
	oliance reports (Prime Contractor Progress Assessment of and expenditures made to its subcontractor endor/hub/forms.php).		
subcontractors and the termination of a sul	n the contracting agency prior to making any modificate boontractor the respondent identified in its HSP. If the enforcement remedies available under the contract or of	HSP is modified without the contracting	agency's prior approval,
	the contracting agency to perform on-site reviews of the mentation regarding staffing and other resources.	e company's headquarters and/or work-	site where services
Signature	Printed Name	Title	Date (mm/dd/yyyy)
Reminder:	email address	Phone Number	

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

HSP Good Faith Effort - Method A (Attachment A)

Enter your company's name here	9:	Requisition#:		
MPORTANT: 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 (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 of ownload the format https://www.comptroller.texas.gov/purchasing/vendor/hub/forms.php				
SECTION A COMPANY				
SECTION A-1: SUBCONTRACT	TING OPPORTUNITY			
SECTION A-1: SUBCONTRACT Enter the item number and description of attachment.		ON 2, Item b, of the completed HSP form for which you are completing		

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 <a href="https://mycpa.cpa.state.tx.us/tpasscmblsearch/tpassc

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		\$	%
	- Yes - No		\$	%
	- Yes - No		\$	%
	- Yes - No		\$	%

REMINDER: As specified in SECTION 4 of the completed HSP form, if yo<u>u</u> (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 <u>no later than ten (10) working days</u> after the contract is awarded.



HUB Subcontracting Plan (HSP) Prime Contractor Progress Assessment Report

This form must be complet	ed and submitted to the	contractin	g agency <u>each mor</u>	nth to document com	pliance with your F	ISP.	
Contract/Requisition Number:	Date of Award:				Object Code:		
				(mm/dd/yyyy)	-	(Agency Use Only)	
Contracting Agency/University Name:							
Contractor (Company) Name:				State of Texas VID #:			
Point of Contact:							
Reporting (Month) Period:	Total A Paid this Reporting Period to Contractor: \$						
Report HUB and Non-HUB subsertractor information							
Subcontractor's Name	Subcontractor's VID or HUB Certificate Number	*Texas Certified HUP? (Yes or i	Total Contract \$ Amount from HSP We Subcontractor	Total \$ Amount Paid This Reporting Period to Subcontractor	Total Contract \$ Amount Paid to Date to Subcontractor	Object Code (Agency Use Only)	
				\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
		TOTALS:	\$	\$	\$		
Signature:		_ Title: _		Date	ə:		
Printed Name: Phone #:							