



HUB Subcontracting Plan (HSP)

Prime Contractor Progress Assessment Report (PAR)

(for CMR, CSP, DB and Construction-related Professional Services use only)

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: _____ Object Code: _____
(mm/dd/yyyy) (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 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 (Agency Use Only)
			\$	\$	\$	
			\$	\$	\$	
<p>Please see attached UT System Contract Management System Subcontractor Report for this reporting period.</p>						
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
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			\$	\$	\$	
			\$	\$	\$	
TOTALS:			\$	\$	\$	

Signature: _____ Title: _____ Date: _____

Printed Name: _____ Phone #: _____

*Note: HUB certification status can be verified on-line at: <https://mycpa.cpa.state.tx.us/tpasscmlsearch/tpasscmlsearch.do> Rev. 1/20/2022