



# **HISTORICALLY UNDERUTILIZED BUSINESS (HUB) SUBCONTRACTING PLAN (HSP) COMPLETION**

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*UT System Administration Office of HUB Programs*

**HSP OPTION 3 – Meet HUB Goal Using HUB and Non-HUB subcontractors**



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## Option 3 – Complete this Subcontracting HSP Option if:

1. Subcontracting opportunities will be performed by Texas-certified HUB vendors AND NON- HUB vendors.
2. All subcontracted work will meet or exceed stated HUB participation percentage goal as defined in RFP.

*~ If this Option is the right choice for your company, proceed to next page ~*



## **\*\* IMPORTANT \*\***

Make sure to use the most current HSP!!

For the most current HSP go to:

[UT System Administration HSP Option 3](#)

**Note: This is a fillable PDF which you must download or open in Adobe Acrobat or DC in order to use the fillable function. Do not complete it in the browser or in Google docs – you will not be able to save your work.**



### General Instructions

If your subcontracting opportunities will be performed using HUB and Non-HUB vendors, but will still meet the HUB percentage goal, complete the following :

- Letter of Transmittal (Page 5);
- Section 1 – Respondent and Requisition Information (Page 6);
- Section 2a – ✓Yes, I will be subcontracting portions of the contract (Page 7);
- Section 2b – List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to HUB vendors (Page 7 and the continuation sheet [Page 8] as needed)
- Section 2c – ✓No, I will NOT be using only Texas certified HUBs to perform all of the subcontracting opportunities listed (Page 7);
- Section 2d - ✓ Yes
- Section 4 – Affirmation that all information submitted is true and correct (Page 9);
- HSP GFE Method A (Attachment A) – Complete this attachment for each subcontracting opportunity listed in Section 2b (Page 10).



# HUB Subcontracting Plan (HSP) – Meet HUB Goal Using HUB and Non-HUB Subcontractors

## Page 5 – Letter of Transmittal

Insert Bid Opening Date

Select the HUB Coordinator  
listed in the RFP/ RFQ

Enter total number of HUB and Non-HUB  
companies you will utilize along with the  
total subcontracting dollar value (based  
on the TOTAL contract value). Enter the  
Non-HUB percentage.

Name of person with  
signature authority

*Insert your company's logo here  
-OR-  
print this letter on your company letterhead  
(note: all script in red will not print)*

*Use this Letter of Transmittal for:  
Commodities, Other Services, Special Trades,  
Professional Services*

(insert date)

Regional HUB Coordinator  
The University of Texas System  
Office of HUB Programs  
210 W. 7<sup>th</sup> Street  
Austin, Texas 78701

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

Dear (Please Select) \_\_\_\_\_:

I am \_\_\_\_\_, HUB Subcontracting Plan as an integral part of our response in connection with your  
invites \_\_\_\_\_, Ms. Stephanie Park, Ms. Cynthia Booker, and Mr. Kyle Hayes, proposals referencing the above project.

I have \_\_\_\_\_, Mr. Hopeton Hay, and The University of Texas System Policy on Utilization of Historically Underutilized  
Business (Please Select) \_\_\_\_\_, 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 6.

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

*\*(address to HUB Coordinator listed in RFP/ RFQ)*

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Insert your company's logo  
here (if you need assistance  
with this, please contact your  
HUB Coordinator) \*

Type in RFP/RFQ title  
and  
RFP/RFQ number

Enter total HUB percentages by HUB  
type. These will automatically be  
summed in the "Total Estimated  
Subcontracting" field.

Signature of person with  
signature authority

\* All script in **RED** on the form will not print when  
printing to printer, "Adobe PDF" or "Microsoft Print  
to PDF". It is for informational purposes only.



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**OPTION 2**

# HUB Subcontracting Plan (HSP) – Meet HUB Goal Using HUB and Non-HUB Subcontractors

## Page 6 –

### Section 1: Respondent and Requisition Information

Complete all information requested

**Note:** *Requisition Number* is the RFP/ RFQ number and *Bid Open Date* is the date Proposal is due.



## HUB Subcontracting Plan (HSP)

In accordance with Texas Gov't Code §2161.252, the contracting agency has determined that subcontracting opportunities are available 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)(C)(ii), 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 §20.130(1)(C)(ii), the goals below are the applicable goals for The University of Texas System Administration only effective January 1, 2020.

Miscellaneous Professional Services – 23.7%

Commodities-21.10%

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? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	
c. Requisition #. (RFP/RFQ number) ** _____	Bid Open Date: _____ (mm/dd/yyyy)

\*Point of Contact is person who will complete this HSP form

\*\*Requisition is the Solicitation/RFP/RFQ number

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Type in VID# if Texas Corporation  
or  
Tax ID # if no VID# assigned



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## OPTION 4



# HUB Subcontracting Plan (HSP) – Meet HUB Goal Using HUB and Non-HUB Subcontractors

## Page 7 (8\*)–

### Section 2: Respondent's Subcontracting Intentions

Enter your Company's name and the Requisition #.  
(Enter this information on each subsequent page)

2a: ✓ Yes, I will be subcontracting portions of the contract.

2b: List all portions of the work you will subcontract with percentages based on the TOTAL value of your proposal.

\*Note: Page 8 is a continuation sheet should your subcontracting opportunities exceed 15

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 §201.282, 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		Non-HUBs
		Percentage of the contract expected to be subcontracted to HUBs with which you <u>do not</u> have a continuous contract* or plan for more than five (5) years	Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* or plan 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:		0 %	0 %	0 %

(Note: If you have more than fifteen subcontracting opportunities, a continuation sheet is available online at <https://www.comptroller.texas.gov/purchasing/vendorhubforms.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.)

2d: ✓ No

2d: ✓ Yes. Proceed to page 9 of HSP



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OPTION 3

# HUB Subcontracting Plan (HSP) – Meet HUB Goal Using HUB and Non-HUB Subcontractors

## Page 9–

### Section 3: Self Performing Justification

Not Applicable since your company  
will not be self-performing



### Section 4: Affirmation

Read, sign and date to affirm the  
information you provided is  
true and correct. Fill in all blue  
fields



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.

NOT APPLICABLE

**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 10 business 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/vendorhubforms.php>).
- 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 (month/year) \_\_\_\_\_

email address \_\_\_\_\_ Phone Number \_\_\_\_\_

**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, Item 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.

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**OPTION 3**



## HSP Good Faith Effort - Method A (Attachment A)

A-2: List HUB or Non-HUB company name that will be performing this subcontracted portion, check the appropriate box, then list their Texas VID number (or EIN for Non-HUB), approximate dollar amount and estimated percentage of the ENTIRE proposed contract they will fulfill.

[illegible]

NOTE: a **Method A** sheet **must** be completed for EACH Subcontracting Opportunity. Supplemental Method A sheets can be found at: <https://www.utsystem.edu/offices/historically-underutilized-business/hub-forms/hub-plan-templates-commodities-services-procurement>

***~Proceed to next page for HSP Submittal Instructions~***



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## OPTION 3

## HSP Submittal Instructions

### 1. The only pages from the Option 3 form you will need to submit are:

- Exhibit H Cover Page
- Letter of Transmittal (Page 5)
- Section 1 (Page 6)
- Section 2 (Page 7 [and Page 8, if used])
- Sections 3 & 4 (Page 9)
- Method A [Attachment A]\* (Page 10)

\* a Method A is required for each subcontracting opportunity (listed in Section 2). Go [here](#) for additional Method A sheets.  
**In addition to each Method A: attach the HUB certificate for each HUB vendor. The vendor can provide this to you.**

### 2. Delete all other pages of the form (Pages 2, 3, 4, 9, and 11)

*For Printing Instructions, go to next page*



## HSP Submittal Instructions (cont.)

### **3. Print Options:**

#### **A. If “wet signature” (non-digital) signature is required in RFP, or desirable by vendor:**

- 1) Print required pages (listed in step 1) to a physical printer
- 2) Have person with signature authority sign Letter of Transmittal and Section 4
- 3) Scan all required pages to PDF
- 4) Name the file in the following format: [CompanyName]\_HSP\_RF(P/Q)[RFP/Q Number] ;  
e.g. WidgetCompany\_HSP\_RFP720-2000

#### **B. If digital signature is optional in RFP and desirable by vendor:**

- 1) Attach signature of person with signature authority to Letter of Transmittal and Section 4
- 2) Print to “Adobe PDF” or “Microsoft Print to PDF”
- 3) Name the file in the following format: [CompanyName]\_HSP\_RF(P/Q)[RFP/Q Number] ;  
e.g. WidgetCompany\_HSP\_RFP720-2000



## HSP Submittal Instructions (cont.)

### 4. Submit your HSP

- A. For UT System Administration RFPs - upload\* your HSP according to the *Bonfire* portal instruction document provided with the RFP/RFQ.

*\*Important: Contact the RFP Administrator listed in the RFP/ RFQ (not the HUB Coordinator) regarding issues with uploading your document to the Bonfire portal.*

- B. For UT System Supply Chain Alliance RFPs - upload\* your HSP according to the *Supplier Management Portal* instructions provided with the RFP/RFQ.

*\*Important: Contact the RFP Administrator listed in the RFP/ RFQ (not the HUB Coordinator) regarding issues with uploading your document to the Supplier Management Portal*

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**\*\*HSP Submittal Process completed\*\***



## Office of HUB Programs Contact Information

**Hopeton Hay**

Director HUB Programs

[hhay@utsystem.edu](mailto:hhay@utsystem.edu)

512-499-4377

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**Stephanie Park**

Sr. HUB Coordinator

UT Dallas, UT Arlington, UT Health  
Northeast and UT Tyler

[spark@utsystem.edu](mailto:spark@utsystem.edu)

972-883-5377

**Cynthia Booker**

HUB Coordinator

UT Health Houston, UT Rio  
Grande Valley

[cbooker@utsystem.edu](mailto:cbooker@utsystem.edu)

512-322-3779

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**Kyle Hayes**

HUB Coordinator

UT Permian Basin, UT El Paso,  
UT System Administration

[khayes@utsystem.edu](mailto:khayes@utsystem.edu)

512-322-3745

**Katie McClellan**

Administrative Associate

[kmcclellan@utsystem.edu](mailto:kmcclellan@utsystem.edu)

512-499-4530

