



HISTORICALLY UNDERUTILIZED BUSINESS (HUB) SUBCONTRACTING PLAN (HSP) COMPLETION GUIDE

UT System Administration Office of HUB Programs

HSP OPTION 2 – Use HUB Subcontractors Only



The University of
Texas System

Option 2 – Complete this Subcontracting HSP Option if:

ALL subcontracting opportunities will be performed ONLY by Texas-certified HUB vendors. You cannot use this option if;

- a) you choose to subcontract ANY portion of the Scope of Work to NON-HUB vendors in addition to HUB subcontractors, or
- b) if all subcontracting opportunities will be performed by NON-HUB vendors.

~ 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 2](#)

Note: This is a fillable PDF which you must download or open in Adobe Acrobat or DC 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 all (100%) of your subcontracting opportunities will be performed using only HUB vendors, 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 – ✓Yes, I will be using only Texas certified HUBs to perform all the subcontracting opportunities listed (Page 7);
- 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). Additional Method A sheets can be found at [Attachment A -addt](#)



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Page 5 – Letter of Transmittal

Insert Bid Opening Date

Select the HUB Coordinator listed in the RFP/ RFQ

Enter total number of VetHUB companies you will utilize along with the total subcontracting dollar value (based on the TOTAL contract value)

Name of person with signature authority

*Use this Letter of Transmittal for:
Subcontracted Services*

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

(insert date)

Regional HUB Coordinator
The University of Texas System
Office of HUB Programs
210 West 7th Street
Austin, Texas 78701

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

Dear (Please Select) _____:

I am pleased to submit this HUB Subcontracting Plan as an integral part of our response to your solicitation document for the above-referenced project.

I have read and understand The University of Texas System HUB Program Requirements. I also understand the UT System Specific Procurement Goal according to 34 Texas Administrative Code Section 20.284 emergency rules, 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	% VetHUB
HUB			%	0 %
NON-HUB			%	
TOTAL			%	

I understand that the HUB participation percentages must align with Texas Comptroller HUB certification standards. For each listed HUB firm, I have included the corresponding Texas Comptroller HUB Certification document. Additionally, I will confirm on the day of subcontractor award, that the subcontractor's HUB Certification is still active on the Centralized Master Bidders List (CMBL).

Furthermore, during the course of this contract, if awarded, should we identify the need to subcontract any portion of the Scope of Work, we will promptly notify you and the Project/Contract Manager to initiate the appropriate steps for amending 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 VetHUB percentage. This 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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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 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: When a state agency requires a subcontracting plan, a bid, proposal, offer, or other applicable expression of interest for the contract must contain a plan to be considered responsive.

The HUB Program promotes equal business opportunities for economically disadvantaged persons to contract with the State of Texas.

- - Agency Special Instructions/Additional Requirements - -

In accordance with 34 TAC §20.285(c), 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 shall qualify for meeting the HUB goal.

The goals below are the applicable goals for The University of Texas System Administration only effective December 1, 2025.

- N/A% for heavy construction other than building contracts;
- 1.0% for all building construction, including general contractors and operative builder's contracts;
- 1.0% for all special trade construction contracts;
- 1.75% for professional services contracts;
- 0.25% for all other services contracts; and,
- 0.25% for commodities contracts.

- 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.
- 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 # (RFP/RFQ number) _____ Bid Open Date: _____

*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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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

2c: ✓ Yes. Proceed to page 9 of HSP

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).

Item #	Subcontracting Opportunity Description	HUBs		Non-HUBs
		Percentage of the contract expected to be subcontracted to HUBs	Percentage of the contract expected to be subcontracted to non-HUBs	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 %

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.)



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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 b, 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 10:00 working hours 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/hub/hubvendorhubforms.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 (mm/dd/yyyy)
_____	_____	_____	_____
	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, Items 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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HSP Good Faith Effort - Method A (Attachment A)

A-1: List Item Number and description of subcontracting opportunity you listed on Page 7 (8),

A-2: List HUB company name that will be performing this subcontracted portion, check “yes”, then list their Texas VID number, approximate dollar amount and estimated percentage they will fulfill of the ENTIRE PROPOSAL submitted by Prime.

HSP Good Faith Effort - Method A (Attachment A)

Enter your company's name here: _____ Requisition#: _____

IMPORTANT: 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 A (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 or download the format <https://www.comptroller.texas.gov/purchasing/vendor/hub/forms.php>

SECTION A-1: SUBCONTRACTING OPPORTUNITY

Enter the item number and description of the subcontracting opportunity you listed in SECTION 2, Item b, of the completed HSP form for which you are completing the attachment.

Item Number: _____ Description: _____

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: <https://mycga.cpa.state.tx.us/gaasscmbl/search/gaasscmblsearch.do>. HUB status code "A" signifies that the company is a Texas certified HUB.

Company Name	Texas certified HUB	Texas VID or Federal EIN <small>(Do not enter Social Security Numbers. If you do not know their VID / EIN, verify their VID / EIN. Add initials.)</small>	Approximate Dollar Amount	Expected Percentage of Contract
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	%
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	%

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>

In addition to each Method A: attach the HUB certificate for each HUB vendor. The vendor can provide this to you.

~Proceed to next page for HSP Submittal Instructions~



HSP Submittal Instructions

1. The only pages from the Option 2 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 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*

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



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