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

UT System Administration Office of HUB Programs

HSP OPTION 1a – Self Performing Contractor

The University of Texas System

Option 1a – Complete this Subcontracting HSP Option if:

Your company will perform, in-house, ALL areas of advertised Scope of Work, as defined in the RFP/RFQ, or as defined in Invitation to Bids (ITB) exceeding $100,000.00 in total life-of-contract value. You <u>cannot</u> use this option if you choose to subcontract* ANY portion of the Scope of Work.

*If your company is a holding corporation and you are responding to the RFP/RFQ on behalf of all your subsidiaries, then you cannot use this Option. Subsidiaries are considered subcontractors. *In addition*, 1099 contractors are also considered independent contractors and not employees according to the IRS and, as such, they must be listed as subcontractors on your HSP. In both cases above, you must use HSP Option 2, 3, or 4. Contact the HUB Coordinator listed in the RFP/RFQ/ITB for further clarification.

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

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OPTION 1a

** IMPORTANT **

Make sure to use the most current HSP!!

For the most current HSP go to:

UT System Administration HSP Option 1a

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.*

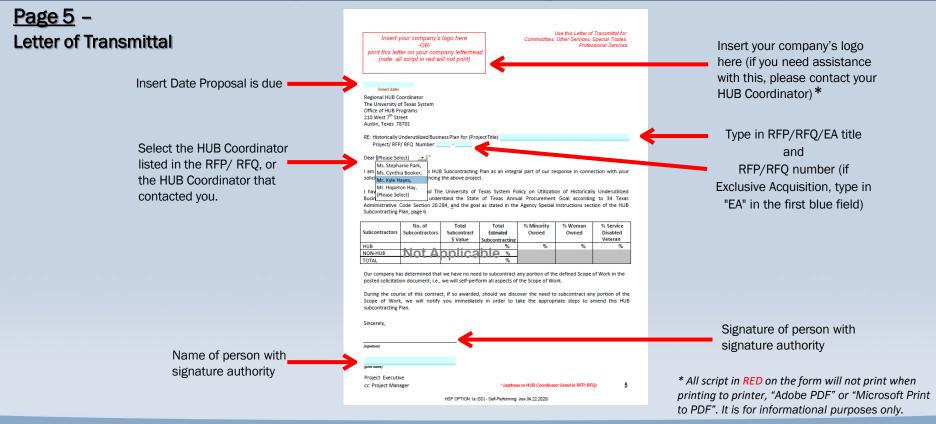The University of Texas System

OPTION 1a

General Instructions

If you are not subcontracting <u>any</u> portion of the contract and will be fulfilling the entire contract with your own resources (i.e., equipment, supplies, materials, and/or employees), complete the following in the HSP:

- <u>Letter of Transmittal</u> (Page 5);

- <u>Section 1</u> – Respondent and Requisition Information (Page 6);

- <u>Section 2a</u> – ✓No, I will not be subcontracting <u>any</u> portion of the contract (Page 7);

- <u>Section 3</u> – Self-Performing Justification (Page 8);

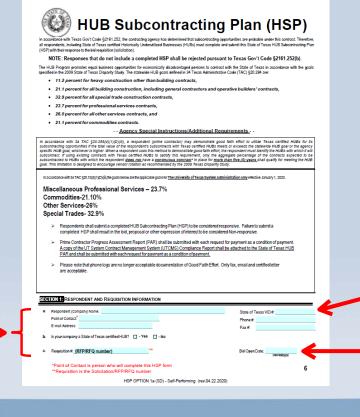- <u>Section 4</u> – Affirmation that all information submitted is true and correct (Page 8)

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OPTION 1a

Page 5 –
Letter of Transmittal

Insert Date Proposal is due

Select the HUB Coordinator listed in the RFP/ RFQ, or the HUB Coordinator that contacted you.

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

Type in RFP/RFQ/EA title and RFP/RFQ number (if Exclusive Acquisition, type in "EA" in the first blue field)

Signature of person with signature authority

Name 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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<u>Page 6</u> –

Section 1: Respondent and Requisition Information

Complete all information requested

Note: *Requisition Number* is the RFP/ RFQ number -or- the Contract Number in the case of Exclusive Acquisition (EA)

Type in VID# if Texas Corporation

or

Tax ID # if no VID# assigned

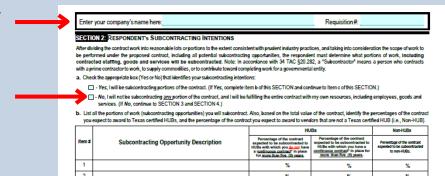Enter date RFP/RFQ responses are **due.** If EA, leave field blank.

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Page 7 –
Section 2: Respondent's Subcontracting Intentions

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

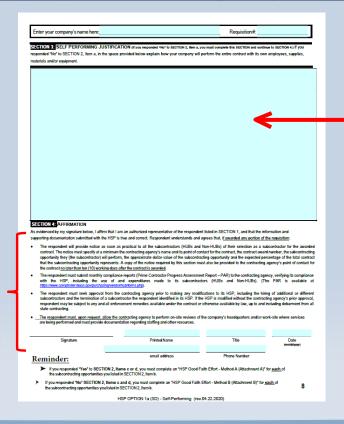2a: ✓ No, I will not be subcontracting <u>any</u> portion of the contract.

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Page 8–
Section 3: Self Performing Justification

Section 4: Affirmation

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

In the space provided, explain how your company will perform the entire contract with its own equipment, supplies, materials and/or employees. Suggested verbiage for this section:

[your company] has the resources to complete all scopes of this RFP [RFQ/Contract] with our own equipment, supplies, materials and personnel. If subcontracting opportunities are identified at a future date, we will immediately contact the project manager and HUB Coordinator and commit to perform a Good Faith Effort through solicitation of HUB firms and submit an amended HUB Subcontracting Plan.

Proceed to next page for HSP Submittal Instructions

Form reproduction

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.

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 (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 ten (10) working 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/vendor/hub/forms.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 OPTION 1a (SD) - Self-Performing (rev.04.22.2020)

HSP Submittal Instructions

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

   - Exhibit H Cover Page
   - Letter of Transmittal (Page 5)
   - Section 1 (Page 6)
   - Section 2 (Page 7)
   - Sections 3 & 4 (Page 8)

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

For Printing Instructions, go to next page

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OPTION 1a

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

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OPTION 1a

HSP Submittal Instructions (cont.)

4. <u>Submit your HSP</u>

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

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

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

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

   C. <u>For UT System Exclusive Acquisitions</u> **-** email your HSP directly to the HUB Coordinator that contacted you.

   HSP Submittal Process completed

OPTION 1a

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OPTION 1a