HUB Subcontracting Plan (HSP)

Prime Contractor Progress Assessment Report (PAR)

(for Construction related Services use only)

This form must be completed and submitted to the contracting agency with each pay app to document compliance with your HSP.

UTS Contract No.: _____ Date of Award: _____ (mm/dd/yyyy) Object Code: _____ (Agency Use Only)

UTS RFP No.: _____

Pay App Number: _____

Change Order No.*: _____ * if applicable

OCP Project No.: _____

Contracting Agency/University Name: **The University of Texas System Administration**

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

When verifying subcontractors' HUB status, ensure that you use the State of Texas' Centralized Master Bidders List (CMBL) - Historically Underutilized (HUB) Directory Search located at: https://mycpa.cpa.state.tx.us/tpasscmblsearch/tpasscmblsearch.do HUB status code "A-Active" signifies that the company is a Texas certified HUB.

Subcontractor's Name	Subcontractor's VID or HUB Certificate Number *(if Non- HUB, leave blank)*	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)
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
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			$	$	$	
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			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
		TOTALS:	$ 0.00	$ 0.00	$ 0.00	

Signature: _____ **Title:** _____ **Date:** _____

Printed Name: _____ **Phone #:** _____