

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



**UT System Administration Office of HUB Programs** 

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



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

- 1. Subcontracting opportunities will be performed by Texascertified HUB vendors AND NON- HUB vendors.
- 2. All subcontracted work will <u>meet or exceed</u> 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: <u>UT System Administration HSP Option 3</u>

<u>Note:</u> 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.

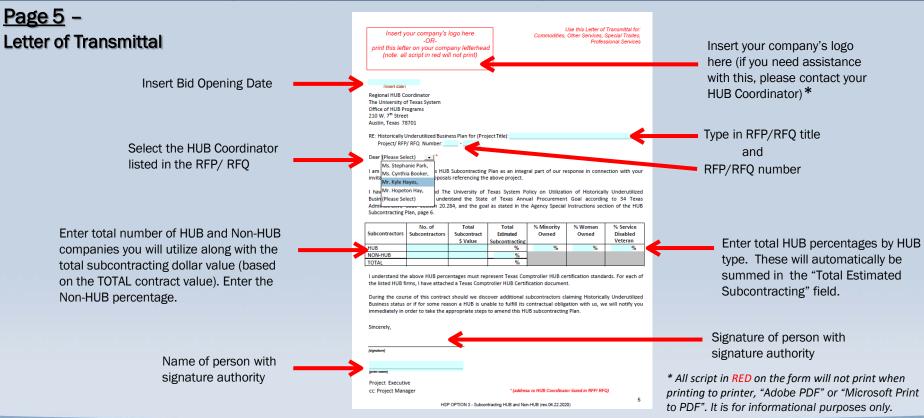


### **General Instructions**

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

- <u>Letter of Transmittal</u> (Page 5);
- <u>Section 1</u> Respondent and Requisition Information (Page 6);
- Section 2a ✓Yes, I will be subcontracting portions of the contract (Page 7);
- <u>Section 2b</u> 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
- <u>Section 4</u> Affirmation that all information submitted is true and correct (Page 9);
- <u>HSP GFE Method A (Attachment A)</u> Complete this attachment for each subcontracting opportunity listed in Section 2b (Page 10).







### Page 6 – Section 1: Respondent and Requisition Information

on	W HUB Subcontracting Plan (HSP)	
	In scorebox with Texas Gin1 Code S2161.1232, the contracting agency has determined that subcontracting agencytuative are probable under this contract. Therefore, all responses, including State of Texas certified Hotchcally Undersätzed Businesses (HUBs) must complete and submit this State of Texas HUB Subcontracting Fam (HSF) with texamounts the bit dersation (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,	
	<ul> <li>21.1 percent for all building construction, including general contractors and operative builders' contracts,</li> </ul>	
	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 accounce with 34 TAG (20.359(1))(D()(II), a reportance (prime contractiv) may demonstrate good tath effort to utilize "teas cettered Holls for to succonstration" of contracting the balance of the response to succonstration the second Holls may be or success to assistance Holls good or the agency specific HUB goad, withore in higher. When a responsent uses this method to demonstrate good fame that for every network HUB goad or the agency successful HUB goad, withore in higher. When a responsent does this method to demonstrate good fame that for the responsent must benefit the HUB and that has successful as submit constration. When a responsent does not have a <u>constrational constration of the holds</u> with the method the responsent models and the static static the method that have all goads that method the responsent does not have a <u>constrational constration</u> for holds that have a <u>constrational constration</u> and the static stati	
	In accordance with St TAC 50.13(r)(1)(D)(ii), the posts below are the applicable goals for The University of Tecas System Administration only effective January 1, 2020.	
	Miscellaneous Professional Services – 23.7%	
	Commodities-21.10%	
	Other Services-26%	
	Special Trades- 32.9%	
	<ul> <li>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.</li> </ul>	
	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) Correlators Report shall be attached to the State of Texas HUB PAR and shall be payment with with each requesting payment and the state of the	
	> Please note that phone logs are no longer acceptable documentation of Good Faith Effort. Only fax, email and certified letter	
	are acceptable.	
		Turne in VID# if Toyles Correction
	SECTION 12 RESPONDENT AND REQUISITION INFORMATION	Type in VID# if Texas Corporation
	a. Respondent (Company) Name: State of Texas VID #:	or
	Point of Contact <sup>®</sup>	
	E-mail Address: Fax #	Tax ID # if no VID# assigned
$\rightarrow$	b. Is your company a State of Texas certified HUB? - Yee - No	
	c. Requisition #_(REP/RFQ number) ** Bid OpenDate:	
	*Point of Contact is person who will complete this HSP form	
	"Requisition is the Solicitation/RFP/RFQ number	
	HSP OPTION 3 - Subcontracting HUB and Non-HUB (nw 04-22-2020)	



Complete all information requested <u>Note:</u> *Requisition Number* is the RFP/ *RFQ number and Bid Open Date* is the

date Proposal is due.

### Page 7 (8\*)-Section 2: Respondent's Subcontracting Intentions

Enter your Company's name and the Requisition #	Ente	r your company's name here:			Requisition#:		
(Enter this information on each subsequent page)	After di be per	ON 2 RESPONDENT's SUBCONTRACTING INTENTIONS viding the contract work into reasonable lots or portions to the extent consis ormed under the proposed contract, including all potential subcontraction tools atarting, goods and services will be subcontracted. Note: In a	g opportu	nities, the responde	ent must determine what port	tions of v	work, Including
2a: ✓ Yes, I will be subcontracting portions of the contract.	with a a. Chu [ b. Lis	white controls to work, its supply commodities, or to combute loward on ck the appropriate lox (Yes n No) buildentifies your subcombacting intention of the control. (If Yes, complete list of the control.) (If Yes, complete list of the control.	pleting wo ons: iem lo of thi fulfilling th : Also, loas	rk for a governmenta is SECTION and corr e entire contract with sed on the total value	al entity. ntinue to litem c of this SECTIO n my own resources, including e of the contract, identify the p	)N.) g employs	ees, goods and ges of the contract
2b: List all portions of the work you will	item 1	Subcontracting Opportunity Description	expected HUBs with	Hu ntage of the contract to be subcontracted to h which you do not have yours contract* in place so than five (5) years.	JBs Percentage of the contract expected to be subcontracted to HUBs with which you have a <u>continuous contract</u> <sup>2</sup> in place for more than five (5 years.	expedie	Non-HUBs stage of the contract d to be subcontracted to non-HUBs.
subcontract with percentages based on	1			%	%		%
the TOTAL value of your proposal.	2			%	%		%
	3			%	%		%
*Note: Page 8 is a continuation sheet should your	-			%	%		%
	6			%	%		%
subcontracting opportunities exceed 15	7			%	%		%
	8			%	%		%
	9		-	%	×		%
	10			%	*		%
	11			%	%		%
	12			%	%		%
	13			%	%		%
	14			%	%		%
	15			%	%		%
		Aggregate percentages of the contract expected to be subcontracted		0 %	0 %		0%
	c. Chi you	you have more than fifteen subcontracting opportunities, a continuation sheet is a ck the appropriate loox (Yes or No) that indicates whether you will be usin listed in SECTION 2, Itemb. ]- Yes (If Yes, continue to SECTION 4 and complete an YHSP Good Faith Effi	ig <u>only</u> Te	exas certified HUBs	to perform <u>all</u> of the subcontr	racting of	pportunities
2d: ✓ No 2d: ✓ Yes. Proceed to page 9 of HSP	d. Ch wit on	3 - No (if No, continue to item d, othis SECTION.) exist the appropriate lox (Yes or No) that indicates whether the aggregate which you do not have a continuous contrast, in place with for more r uge 1 in the "agency Special Instructions/Additional Requirements." J - Yes (if Yes, continue to SECTION 4 and complete an YHSP Good Faith Etic J- No (If No, continue to SECTION 4 and complete an YHSP Good Faith Etic J- No (If No, continue to SECTION 4 and complete an YHSP Good Faith Etic	han five   fort - Meth	(5) years, meets or od A (Attachment A)*	exceeds the HUB goal the or for each of the subcontracting	ontractin opportun	g agency identified ities you listed.)



Date

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#### Page 9-Enter your company's name here: Requisition# Section 3: Self Performing Justification SECTION 3. SELF PERFORMING JUSTIFIC 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 Not Applicable since your company will not be self-performing SECTION 4: AFFIRMATION Section 4: Affirmation nced by my signature below, I affirm that I am an authorized representative of the respondent listed in SECTION 1, and that the information and ing 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 ten (10) working days after the contract is awarded. Read, sign and date to affirm the 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 information you provided is 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 combacting agency's prior appro 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. true and correct. Fill in all blue The respondent must, upon request, allow the contracting agency to perform on-site reviews of the company's headquarters and/or work-site where service are being performed and must provide documentation regarding staffing and other resources. fields Signature Printed Name email addres Phone Numbe 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. HSP OPTION 3 - Subcontracting HUB and Non-HUB (rev.04.22.2020) **OPTION 3** The University of Texas System

### Page 10– 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 or Non-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.

	Enter your company's name here:			Requisition	#:						
	IMPORTANT: If you responded "Yes' to SECTION 2, Items c or d of t A (Attachment A)" for <u>each of</u> the subcontracting opportunities you listed in download the format <u>https://www.comptroller.texas.gov/purchasing/vendorhu</u>	SECTION 2	HSP form 2, Item b	, you must submit a comple of the completed HSP for	ted "HSP Good Fait n. You may photo-c	h Effort - Meth opy this page					
	SECTION A-1: SUBCONTRACTING OPPORTUNITY										
	Enter the item number and description of the subcontracting opportunity you li	sted in SECTI	ON 2, Iten	n lo, of the completed HSP fr	orm for which you ar	e completing t					
	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://myopa.opa.state.br.us/tpassombisearch/tpassombisearch.do, HUB stat	us code "A" si	ignifies tha		ertified HUB.						
				Texas VID or federal EIN							
	Company Name	Texas cert	fied HUB	Do not enter Social Security Numbers. If you do not know their VID / EIN, leave their VID / EIN field blank.	Approximate Dollar Amount	Percentage					
4	Company Name	Texas certi	- No	If you do not know their VID / EIN,		Percentage Contract					
<b>→</b>	Company Name			If you do not know their VID / EIN,	Dollar Amount	Percentage Contract					
<b>→</b>	Company Name	- Yes	- No	If you do not know their VID / EIN,	Dollar Amount	Percentage Contract					
<b>→</b>	Company Name	- Yes	- No	If you do not know their VID / EIN,	Dollar Amount \$ \$	Contract					
•	Company Name	- Yes - Yes - Yes	- No	If you do not know their VID / EIN,	Dollar Amount \$ \$ \$	Percentage Contract					
<b>→</b>	Company Name	- Yes - Yes - Yes - Yes - Yes	- No - No - No - No	If you do not know their VID / EIN,	Dollar Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Percentage					
•	Company Name	- Yes - Yes - Yes - Yes - Yes - Yes	- No - No - No - No - No - No	If you do not know their VID / EIN,	Dollar Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Percentage					
•	Company Name	- Yes	- No - No - No - No - No - No - No	If you do not know their VID / EIN,	Dollar Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Percentage Contract					
•	Company Name	- Yes           - Yes	- No - No - No - No - No - No - No - No	If you do not know their VID / EIN,	Dollar Amount  S  S  S  S  S  S  S  S  S  S  S  S  S	Percentage					

NOTE: a *Method A* sheet <u>must</u> 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 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 <u>here</u> for additional Method A sheets. <u>In addition to each Method A:</u> 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. <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.

\*Important: Contact the <u>*RFPAdministrator*</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.** 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 <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>

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



# **Office of HUB Programs Contact Information**

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### **OPTION 3**

#### **Kyle Hayes**

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