

ADDENDUM 1

DATE: July	1, 2022	PAGE 1 of 21
	ER: FM2022-002 Professional Eng livery Geotechnical and Construction	ineering Services for Indefinite Quantity- n Material Testing Services
BID OPENIN	NG DATE & TIME: July 26, 2022 at	3:00 PM CDT
ADD:		"How to successfully complete the HUB entation is being made available for conference call.
	Yslewic	
	Contract Specialist	817) 272-0192
solicitation d the Bid Subn Make all chai	nittal Form, or by returning one (1) sign nges identified above to the solicitation	nis Addendum in the space provided on gned copy of this notice.
0101150		

Historically Underutilized Business

HUB Subcontracting Plan Training

FM2022-002 Geotechnical Engineering & Construction Material Testing

Mario Ramirez June 30, 2022



HUB Program-UTA Commitment

The mission of the HUB program is to **provide assistance to Historically Underutilized Businesses** through outreach efforts, such as education and training in doing business with the State of Texas, in order to afford these **businesses a fair opportunity to participate in the competitive procurement process.**





The University of Texas Arlington is dedicated to promoting opportunities for these Historically Underutilized Businesses to compete for University purchases and contracts. The policy is to foster an environment that will enhance participation from such vendors from all areas of the University.



WHY? It's the LAW! TGC §2161 and 34 TAC §20.285

- HUB Subcontracting Plan (HSP)
 - HSP is required to be submitted on due date
 - Responses that do not include a completed HSP are noncompliant and will be rejected
 - HSP with minor deficiencies (failure to sign, date and submit existing evidence for Good Faith Effort) the state agency may ask for clarification
- HSP courtesy review provided upon request
 - Submit request via email <u>mario.ramirez@uta.edu</u>



Selecting the Appropriate HSP

- HSP is required for all contracts exceeding \$100K in total life value
 - HSP is required to be submitted on RFQ due date
 - Scope of Work (SOW) not defined
 - IDIQ contracts
 - Future work to be assigned through Amendment/Change Orders etc. will require a HSP for each Amendment/Change Order
 - Change Order/Amendment HSP required prior to starting project per "Terms and Conditions"
 - During Project Changes or Expansion of Work requires HSP revision
 - Term & Conditions clauses govern HSP, Changes and Expansion of Work



Selecting the Appropriate HSP

- Complete ONLY ONE of the HSP options listed below.
 - SOW not defined initial plan is self performing
 - SOW defined through Amendment/Change Order
 - Self-Performing
 - Subcontract with Texas HUB's only GFE Method A
 - Will Meet/Exceed Goal (HUB & Non-HUB) GFE Method A
 - Will Not Meet/Exceed Goal GFE Method B



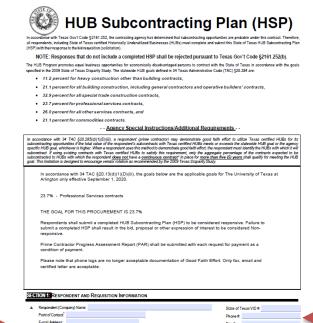
Hub Subcontracting Plan

*Point of Contact is person who will complete this HSP form
**Requisition is the Solicitation/RFP/RFQ number

Section 1: Respondent and Requisition Information

Complete all information requested

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



HSP - (rev.09.10.2021)

Bid Open Date: (mmiddyyyy)

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



Hub Subcontracting Plan Self-Performing

Section 2: Respondent's Subcontracting Intentions

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

2a: **x** No, I will not be subcontracting any portion of the contract proceed to Section 3



After deliring the contract each first instanciate lost or portions to the electric consistent with protect industry protection, and taking into consistential the scope of example, the protection control controlled planties absorbancing opportunities, the respondent must determine with protection of the model and protection of the pro

- 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.)
- AND, 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

			HL	85			Non-HUBs
item #	Subcontracting Opportunity Description	expect HUBs v	centage of the contract ted to be subcontracted to with which you do not have tinuous contract" in place more than five (5) years.	HUB continu	centage of the contract and to be subcontracted to a with which you have a sous contract" in place for one than five (5) years.	Percentage of the contra expected to be subcontract to non-HUBs.	
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	Aggregate percentages of the contract expected to be subcontracted:		%		%		%

- 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
- ☐ Yes (if Yes, continue to SECTION 4 and complete an "HSP Good Path Effort Method A (Attachment A)" for each of the subcontracting opportunities you listed.)
 ☐ No (if Mo. 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 Ver more than five (5) years, meets or exceeds the HUB goal the contracting agency identified on page in the "Agency Special Instructions/Additional Report/imments."
- Yes (if Yes, continue to SECTION 4 and complete an "HSP Good Pain 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 Pain Effort Method B (Attachment B)" for each of the subcontracting opportunities you listed.)

<u>Names Coulting</u> Any skirting written agreement (including any recrease) that an exercised between a prime contractor and a NUU vendor when the NUU vendor provides the prime contractor will good or service under the associators of the appendix prime of their. The theyeurs of the prime of the new orders of the appendix prime of their in the theyeurs of the new orders of the appendix prime of their interest of the new orders of the new orders



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Hub Subcontracting Plan Self-Performing

Section 3: Self-Performing Justification

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

**Section 3 Sample Statement- edit as needed

Company XXX will be fulfilling the entire contract with our own resources, including employees, goods, services, transportation and delivery. If sub-contracting opportunities are identified at a future date, we will immediately contact the project manager and HUB Coordinator and commit to performance of a Good Faith Effort through solicitation of HUB firms and submit an amended HUB Subcontracting Plan.

Section 4: Affirmation

Read, sign and date to affirm information you provided is true and correct



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 as supporting documentation submitted with the HSP is true and correct. Respondent understands and agrees that, if awarded any portion of the requisitions of the sequisition of the sequisi

- The respondent will provide notice as soon as produced to all the subcontractors (FUBS and Non-HUBS) of their selection as a subcontractor the description country (and the subcontractors). The respondent is the subcontractor (and the subcontractors) is not all provide not contract or the contract is near instantial contractor (the contract country country and the subcontractors) approaching the providence of the subcontractors (approximate section related to the subcontracting approximaty protecting respondantly respondant respondant
- 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.comproduce.exas.com/pubmis/everor/huffress.pop).
- The reproduct must seek approach from the contracting agency prior to making any modifications to its 1957, including the hiring of additions of different subcontractors are approached identified in less \$15.00 to 1950, the 1950 is modified without the contraction agency's prior approach, 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 (mn/ds/www)
			(11100)))))
Domindon.	email address	Phone Number	

Reminder:

- If you responded "Yee" to SECTION 2, Items c or d, you must complete an "HSP Good Faith Effort Method A (Attachment A)" for <u>each or</u> the subcontracting opportunities you listed in SECTION 2, Item b.
- If you responded "No" SECTION 2, Items a and d, you must complete an "HSP Good Faith Effort Method B (Attachment B)" for each of the subcontracting apportunities you listed in SECTION 2, Item b.
 HSD In A FE Professional Services (no. 64.22.2010)



Hub Subcontracting Plan Subcontracting Texas HUBs Only GFE Method A

Section 2: Respondent's Subcontracting Intentions

Enter your Company's Name and Requisition #

2a: **x** Yes, I will be subcontracting any portion of the contract

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

Note: Following page in HSP forms is a continuation sheet should your subcontract opportunities exceed 15

2c: x Yes, Proceed to GFE Method A Form



Don't put "To Be Determined (TBD) under Subcontracting Opportunity and Expected Percentage of Contract

- a. Check the appropriate box (Yes or No) that identifies your subcontracting intentions:
- 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
- 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

		HUBs					Non-HUBs
item #	Subcontracting Opportunity Description	expected HURs with	stage of the contract to be subcontracted to which you do not have sous contract* in place a than five (5) years.	Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract in place for more than five (5) years.		Percentage of the contract expected to be subcontracted to non-HUBs.	
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- c. Check the appropriate box (Yes or No) that indicates whether you will be using <u>only</u> Texas certified HUBs to perform <u>all</u> of the subcontracting opportunitie you listed in SECTION 2, Itemb.
 - Yes (If Yes, continue to SECTION 4 and complete an "HSP Good Faith Effort Method A (Attachment A)" for <u>each</u> of the subcontracting opportunities you listed No (If No, continue to Item d, of this SECTION.)
- d. Check the appropriate box (Y'es 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 Specialistructions/ Additional Requirements".
 - Yes (If Yes, continue to SECTION 4 and complete an "HSP Good Faith Effort Method A (Attachment A)" for <u>each</u> 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 <u>each</u> of the subcontracting opportunities you listed.)

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Hub Subcontracting Plan Subcontracting HUB & Non-HUB Meet/Exceed Goals GFE Method A

Section 2: Respondent's Subcontracting Intentions

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

Note: Following page in HSP forms is a continuation sheet should your subcontract opportunities exceed 15

2c: x No

2d: x Yes, Proceed to GFE Method A Forms



Don't put "To Be Determined (TBD) under Subcontracting Opportunity and Expected Percentage of Contract

Enter your company's name here:

EGINI2RESPONDENTS SUBCONTRACTING INTENTIONS

After dividing the contract work into associable libb or porfores to the select consistent with provient industry practices, and taking into consideration the scope of work to be performed under the proposed context, including all potential subcontracting operaturities, the responseder must determine what proform of work, including contracted schiller, goods and services will be publications affect for its conscious exist and \$1.4 CL (2012) 22; "debotated" misses a special will not contracted schiller.

- 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.)

with a prime contractor to work, to supply commodities, or to contribute toward completing work for a governmental entity

- 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 percentage 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).

		HUBs					Non-HUBs
Item 2	Subcontracting Opportunity Description		stage of the contract to be subcontracted to which you do not have sous contract* in place a than five (5) years.	Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract in place for more than five (5) years.		Percentage of the contract expected to be subcontracte to non-HUBs.	
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	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 opportunit you listed in SECTION 2. Items.
- Yes (If Yes, continue to SECTION 4 and complete an "HSP Good Faith Effort Method A (Attachment A)" for <u>each</u> of the subcombacting apportunities you listed
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 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.)

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Section 2: Respondent's Subcontracting Intentions

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

Note: Following page in HSP forms is a continuation sheet should your subcontract opportunities exceed 15

2c: x No

2d: x No, Proceed to GFE Method B Forms



Don't put "To Be Determined (TBD) under Subcontracting Opportunity and Expected Percentage of Contract



After divining the contract work into reasonable lots or portions to the esteric consistent with prusines industry practices, and taking into consistent expectation. The composition of the separation and contraction, including all polarities absorbancing opportunities, the responsed must all efection exhibit possible constructed staffing, goods and services will be subcontracted. Note: In acceptance with 3 TAC § 20.282, a "Subcontractor" means a person who contract with a prime contractor to work, to supply commodifies, or to contribute loward 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 rendors that are not a 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).

		HUBs				Non-HUBs	
Item #	Subcontracting Opportunity Description	Percentage of the contract expected to be subconfracted to HUBs with which you do not have a continuous confract in place for more than five (5) years.		Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for more than fire. (5) years.		expects	ntage of the contract of to be subcontracted to non-HUBs.
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- c. Check the appropriate loox (Yes or No) that indicates whether you will be using <u>only</u> Texas certified HUBs to perform <u>all</u> of the subcontracting opportunities you listed in SECTION 2, Itemb.
 - 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 liem d. of his 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 Tive (5) years, meets or exceeds the HUB goal the contracting agency identified on page 1 this "Agency Special Instructions / Additional Requirements."
- Yes (If Yes, continue to SECTION 4 and complete an "HSP Good Faith Effort Method A (Attachment A)" for gagh 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 gagh of the subcontracting opportunities you listed.)

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Hub Subcontracting Plan Subcontracting Texas HUB's Only GFE Method A

Section 2: Respondent's Subcontracting Intentions

A-1: List Item Number and description of opportunity you listed in Section 2

A-2 List HUB company name that will performing this subcontracted portion, check "yes", then list their Texas VID number, approximate dollar amount and estimated percentage of the ENTIRE proposed contract they will fulfill.

NOTE: A Method A sheet must be completed for EACH Subcontracting Opportunity



Don't put "To Be Determined (TBD) under Company Name, Approximate Dollar Amount and Expected Percentage of Contract

HSP Good Faith Effort - Method A (Attachment A)

Enter your company's name here:			Requisition	#	
IMPORTANT: If you responded "Yes" to SECTION 2, Item Method A (Attachment A)" for <u>each</u> of the subcontracting opportun- page or download the form at <a a"="" href="https://www.comptroller.texas.gov/pur</td><td>nities you listed in SEC</td><td>TION 2, I</td><td>tem b of the completed</td><td></td><td></td></tr><tr><td>SECTION A-1: SUBCONTRACTING OPPORTUNITY</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Enter the item number and description of the subcontracting oppor</td><td>tunity you listed in SEC</td><td>TION 2, Ite</td><td>em is, of the completed HS</td><td>P form for which you</td><td>are comple</td></tr><tr><td>he attachment.</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>tem Number: Description:</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>SECTION A-2: SUBCONTRACTOR SELECTION</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>List the subcontractor(s) you selected to perform the subcontracting</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>HUB and their Texas Vendor Identification (VID) Number or fe
subcontracted, and the expected percentage of work to be subcon</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>use the State of Texas' Centralized Master Bidders List</td><td>(CMBL) - Historically</td><td>Underutili</td><td>ized Business (HUB) I</td><td>Directory Search In</td><td></td></tr><tr><td><u>http://mycga.cga.state.tx.us/bpasscmb/search/index.jsp.</u> HUB status</td><td>code " signifies="" t<="" td="" that=""><td>he compan</td><td>y is a Texas certified HUB Texas VID or federal EIN</td><td></td><td></td>	he compan	y is a Texas certified HUB Texas VID or federal EIN			
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Hub Subcontracting Plan

Subcontracting Texas HUB & Non-HUB Meet/Exceed Goals GFE Method A

Section 2: Respondent's Subcontracting Intentions

A-1: List Item Number and description of opportunity you listed in Section 2

A-2 List HUB or Non-HUB company name that will 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

NOTE: A Method A sheet must be completed for EACH Subcontracting Opportunity



Don't put "To Be Determined (TBD) under Company Name, Approximate Dollar Amount and Expected Percentage of Contract

Rev. 10/						
		#.	Requisition #			Enter your company's name here:
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pected intage o intract	Perc	Approximate Dollar Amount	Texas VID or federal EIN Do not enter Social Security Numbers. If you do not know their VID / EIN, leave their VID / EIN feld blank.	fled HUB	Texas cert	Company Name
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		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		- No - No - No - No - No - No	- Yes	

REMINDER: As specified in SECTION 4 of the comprised IST from <u>Logic Improposition for association and confined for association and </u>

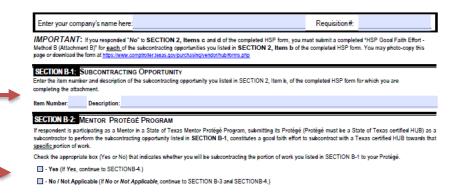
HSP Good Faith Effort Method B (Attachment B)

B-1: List Item Number and decryption of subcontracting opportunity listed in Section 2

B-2: If you are using your **HUB Protégé**, mark yes and continue to Section B-4 GFE Method B form.

If you mark no, continue to Section B-3 and Section B-4 of GFE Method B form.

HSP Good Faith Effort - Method B (Attachment B)



NOTE: GFE Method B, Section B-1 thru B-4 must be completed for each Subcontract Opportunity identified in HSP Section 2 Respondent's Subcontracting Intentions



HSP Good Faith Effort Method B (Attachment B)

B-3: You must comply with items a, b, c and d. Provide documentation (i.e. fax, email, certified letter) demonstrating evidence of your good faith effort. You are encouraged to use the Subcontract Opportunity Notification Form

- Allow HUB's (7) working days to respond. The initial day notice is sent is considered day zero and does not count as one of the (7) days.
- List (3) HUB's contacted* for subcontracting opportunities
- Provide subcontracting opportunity notice to trade organizations at least (7) working days prior to submitting your bid response
- List (2) Trade Organization contacted for these subcontracting opportunities.



When completing this section your <u>MUST</u> comply with items <u>a</u>, <u>b</u>, and <u>d</u>, thereby demonstrating your Good Fath Effort of having notified Texas certified HUSs and trade organizations or development centers about the subcontracting opportunity you listed in SECTION B-1. Your notice should include the scope of work, information regarding the location to review plans and specifications, bonding and insurance requirements, required qualifications, and identify a contact person. When sending notice of your subcontracting opportunity, you are encouraged to use the attached HUB Subcontracting Opportunity Notice form, which is also available online at hits; illnws.complete texas acquirements an enquirement and the subcontracting opportunity of the subcontracting opportunity of the subcontracting opportunity of the subcontracting opportunity of the subcontracting opportunity on the subcontracting opportunity of the subcontracting opportunity opportunity of the subcontracting opportunity of the subcontracting opportunity opportunity of the subcontracting opportunity of the subcontracting opportunity opportun

Retain supporting documentation (i.e., certified letter, fax, e-mail) demonstrating evidence of your good fable effort to notify the care certified HUBS and forder operations or evelopement centers, letter, letter letter and evidence give no societied an ormal suburiess sky of a stota gange, not include evidents, fiscent or state holisitys, or skys the operacy is declared losed by its executive officer. The initial day the subcontracting opportunity notice is exercised to the HUBS and to the today organizations or development over letters is considered to be "day zero" and discens for court is one of the severe (i) nowing days.

- a. Provide written notification of the subcontrolating approximality our listed in SECTION P.1, to three (3) or more Texas certified HUBs. Unless the controlating agency specified a different time period, you must allow the HUBs and verifying their HUB status, ensure that you use the State of Texas Centrolated Moster Bilders List (CMB). Historically Underunitized Business (HUB) Directory Search located at https://diseascript.edu/htms/seascript.
- b. List the <u>three (3)</u> Texas certified HUBs you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the company's Texas Vendor Identification (VID) Number, the date you sent notice to that company, and indicate whether it was responsive or non-responsive to your subcontracting secondumit volucies.

Company Name	Texas VID (Do not enter Social Security Numbers.)	Date Notice Sent	Did the HUB	Respond?
			- Yes	- No
			- Yes	- No
			- Yes	- No

- Provide written notification of the subcontracting opportunity you listed in SECTION B-1 to <u>two (2)</u> or more trade organizations or development centers in <u>Flexas to</u> assist in identifying optential HUBs by disseminating the subcontracting opportunity to their members/participants. Unless the contracting agency specified a different time epriod, you must provide your subcontracting opportunity notice to trade organizations or development centers <u>all least seven IT</u> working dags prior to submitting your bis response to the contracting agency. A list of trade organizations and development centers that have expressed an interest in receiving notices subcontracting opportunities is available on the Statewisher HUB Program's whospeap at thiss/liven complete less as only undershark profession-flux frequency she
- d. List two (2) trade organizations or development centers you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the date when you sent notice to it and indicate if it accepted or rejected your notice.

Trade Organizations or Development Centers	Date Notice Sent	Was the Notice	Accepted?
		- Yes	- No
		- Yes	- No



HSP Good Faith Effort Method B (Attachment B)

B-4: Subcontractor Selection

- a. List Item Number and description of subcontracting opportunity listed in Section 2: Respondents
 Subcontracting Intentions
- b. Enter each selected (to be awarded) subcontractor and provide all information in this field.

c. Provide written justification as to why a HUB was not selected for this subcontracting opportunity

Don't put "To Be Determined (TBD) under Company Name, Approximate Dollar Amount and Expected Percentage of Contract

HSP Good Faith Effort - Method B (Attachment B) Cont.

item Numbe	n number and description of the subcontracting op r: Description:	portunity for which you are	complete	ig inis Attachment is continue	son page.	
HUB and the subcontracts you use the	contractor(s) you selected to perform the subcont eir Texas Vendor Identification (VID) Number or fi ed, and the expected percentage of work to be su State of Texas' Centralized Master Bidders List (i a.pp.state.bt.us/basscmblsearch/basscmblsear	ederal Employer Identifica bcontracted. When searc CMBL) - Historically Unde	tion Numb hing for Te nutilized B	per (EIN), the approximate of exas certified HUBs and ver lusiness (HUB) Directory Se	tollar value of the w ifying their HUB sta earch located at	ork to be
	Company Name	Texas certi		Texas VID or federal EIN Do not enter Social Security Numbers. If you do not know their VID / EIN, leave their VID / EIN field blank.	Approximate Dollar Amount	Experi Percent Contr
		- Yes	- No		\$	
		- Yes	- No		\$	
		□- Yes	□-No		\$	
		- Yes	- No		\$	
		- Yes	- No		ş	
		- Yes	- No		\$	
		- Yes	□-No		\$	
		- Yes	☐ - No		\$	
		- Yes	- No		\$	
		☐-Yes	□ - No		\$	
	subcontractors you have selected to perform the or your selection process (attach additional page if		ty you liste	ed in SECTION B-1 is <u>not</u> a	Texas certified HU	B, provid





HSP Subcontracting Opportunity Notification Form

B-4: Subcontractor Selection

Section A – Provide Company contact information. Should be the same as point of contact in HSP

Section B – Provide Agency contact information; RFP/RFQ The point of contact (Not the HUB Coordinator

Section C-1 – Enter Bid Response Due Date and Time

Section C-2.5 Provide information applicable to the subcontracting opportunity to obtain the best responses from solicitate companies



In accordance with Texas GoV1 Code, Chapter 2161, each state agency that consides entering into a contract with an expected value of \$100,000 or more shall, before the agency solicles both, proposals, offers, or other applicable expressions of interest, determine whether subcontracting opportunities are probable under the proposition or which my company will be responding.

A Trace A minimistrative Code, \$50.008 foreigne all responsibles (prime contracting) biology on the contract by provide notice of code of each of their is socionating opportunities to all substitutes (I) have contracted the providence of their providence by the socionating opportunity, and substitute the left all satisfactors (in flowings carry to respond to the notice prime to the respondence stabilities) to disrepose to the contracting opport, in addition, all least seven (I) working carry to it is substituting the original providence of the contracting opportunities to the company of the segmentation of the contracting opportunities to the contracti

We respectfully request that vendors interested in bidding on the subcontracting opportunity scope of work identified in Section C, Item 2, reply no later than the date and time identified in Section C. Item 1, submit your response to the point-of-contact referenced in Section A.

s	ECTION A: PRIME	CONTRACTOR'S INFORMATION			
г	Company Name:			State of Texas VID #:	
ı	Point-of-Contact:			Phone #:	
ı	E-mail Address:			Fax#:	
L				•	
8		ACTING STATE AGENCY AND REQUISITION	IN INFORMATION		
ı	Agency Name:	UT Arlington			
ı	Point-of-Contact:			Phone #:	
ı	Requisition #:			Bid Open Date:	(molddww)
ı					(HINCONY)
8		ONTRACTING OPPORTUNITY RESPONSE E		QUIREMENTS AND RELATE	ED INFORMATION
ı		otential Subcontractor's Bid Response Due			
ı		f you would like for our company to consider you		cting opportunity identified bei	ow in Item 2,
ı		re must receive your bid response no later than	On Central Time	Date (mm/dd/mm)	
Н		TAC 520,286, each notice of subcontracting oppo			
2	to us submitting our li organizations or deve American, Woman, Se (A working day is cons by its executive officer is considered to be 98	y days to respond to the notice prior to submitting or ablir response to the contracting agency, we must lopment centers (in Texas) that serves members rivice Clababled veteran) identified in Texas Admini- siblened a normal business day of a state agency, . The initial day the subcontracting opportunity no yearo? and does not count as one of the seven (2) portunitiv Scope of Work:	t provide notice of each of our si of groups (i.e., Asian Pacific Am strative Code, §20.262(19)(C). not including weekends, federal or tice is sentiprovided to the HUBs a	bcontracting opportunities to t erica n, Black American, Hispa state holidays, or days the ager	wo (2) or more trade nic America n, Native ncy is declared closed
		, , , , , , , , , , , , , , , , , , , ,			
3.	Required Qualificat	ions:			- NotApplicable
4.	Bonding/Insurance	Requirements:			- NotApplicable
5.	Location to review p	plans/specifications:			- Not Applicable



Hub Subcontracting Plan HUB Subcontracting Progress Assessment Report (PAR)

Prime C	HUB Subco		_		Report	
This form must be completed a	and submitted to the o	ontractin	g agency <u>each m</u>	onth to document	compliance with	your HSP.
Contract/Requisition Number:			Date of Award:		Object Code:	
			_	(mm/dd/yyyy)		(Agency Use Only)
Contracting Agency/University Name:	UT Arlington					
Contractor (Company) Name:				State of Texas VID #		
Point of Contact:				Phone #		
Point of Contact:				Phone #:		
Reporting (Month) Period:			Total Amount Pa	id this Reporting Period	to Contractor: \$	
When verifying subcontractors' Hi Directory Search located at: https://mycpa.cp	u. state.br.us/tpasscmb/search/	the State of T passemblees Texas	exas' Centralized Maste	r Bidders List (CMBL) - H	storically Underutilized	
Subcontractor's Name	Subcontractor's VID or HUB Certificate Number (if Non- HUB, leave blank)	Certified HUB? (Yes or No)	Amount from HSP with Subcontractor	This Reporting Period to Subcontractor	Amount Paid to Date to Subcontractor	Object Code (Agency Lise Only)
		(\$	\$	s	
			\$	\$	\$	
			<u> </u>	\$	\$	
		_	5	\$	\$	
			3	•	5	
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			4	\$	\$	
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			<u> </u>	\$	5	
			\$ \$	1	\$	
			•	1	\$	
			\$	\$	\$	
		TOTALS:	\$ 0.00	\$ 0.00	\$ 0.00	
gnature:		Title:		Date		
rinted Name:		Ph	one #:			8

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

PAR form with Instructions will be provided during Post Award Meeting

Instructions

PAR shall be submitted with each request for payment as a condition of payment.

HUB Subcontracting Plan (HSP)
Prime Contractor Progress Assessment Report (PAR)

Form Completion Instructions:

	n completion instructions:
1	Contract number assigned by UT Arlington (UTA) RFP, RFQ.
2	Date contract was signed by both UT Arlington and prime contractor.
3	Leave blank (completed by UTA).
4	Type "University of Texas Arlington."
5	Awarded company (prime) name.
6	State of Texas VID (14 digits) or Fed ID- (9 digits) of prime contractor.
7	Awarded company (prime) contact person.
8	Awarded company (prime) contact phone number.
9	Calendar month and year of reporting period. <u>Mote:</u> Progress Assessment Reports (PARs) must be submitted to UTA for each month that the contract is active, even when no payments are made by prime contractor.
10	Payment requested from the state agency (UTA) by the awarded company (prime) during the reporting period indicated in 9 above.
11	Official company name of all subcontractors (HUB and non-HUB) paid from the beginning of the contract through the reporting period. Note: All subcontractors are azumed to be paid directly by the prime contract, unless indicated otherwise. To its subcontractors of a subcontractor type "["T retr"] after the name of the prime contractor's subcontractor. Directly behavior the subcontractor's name, indent and type the name of the subcontractor's subcontractor followed by "["" Tetr"].
12	State of Texas VID (14 digits) of company (subcontractor). Do not enter SSN.
13	Texas Certified HUB should be "Yes" or "No" (confirm Texas Certified HUB status at https://mycpa.cpa.state.tx.us/tpasscmbisearch/index.jsp)
14	Dollar amount of awarded to this company (subcontractor) for this contract, as listed on the Original or Modified HUB Subcontracting Plan.
15	Dollar amount of awarded to this company (subcontractor) for this contract, as listed on the Original or Modified HUB
	Dollar amount of avarded to this company (subcontractor) for this contract, as listed on the Original or Modified HUB subcontracting Flam. Actual amount paid to company (subcontractor) during reporting period indicated in 9 above. Note: Actual payments to subcontractors must be apported, which may be different than the amount invoiced to UTA for the same pariod. If both 1's and 2'll resolventractor are life, denter the amount paid by the prime contractor to the 1's fire and the
15	Dollar amount of awarded to this company (subcontractor) for this contract, as listed on the Original or Modified HUB Subcontracting flat to company (subcontractor) during reporting period indicated in 9 show. Note: Actual payments to subcontractors must be reported, which may be different than the amount invoiced to UTA for the same parted. If to subcontractors must be reported, which may be different than the amount invoiced to UTA for the same parted. If and 1 rd not subcontractors are lated, enter the amount paid by the prime contractor to the 1 rd fire and the amount paid by the 1 rd Ties to the 2 rd Net. Actual amount paid date (Probugh Her experting parted indicated in 9 above) to this company (subcontractor) under this
15	Dollar amount of awarded to this company (subcontractor) for this contract, as lasted on the Original or Modifield HIVB Subcontracting Fig. 1. Actual amount paid to company (subcontractor) during reporting period indicated in 9 above. Note: Actual payments to subcontractor, must be reported, which may be different than the amount invoiced to UTA for the same period. If both 1 and 2 "fire a subcontractor are listed, enter the amount paid by the prime contractor to the 1"fire and the amount paid by the company (subcontractor) and the subcontractor are listed, enter the amount paid by the prime contractor to the 1"fire and the amount paid by the prime contractor to the 1"fire and the amount paid to date (through the reporting pariod indicated in 9 above) to this company (subcontractor) under this contract.
15	Dollar amount of awarded to this company (subcontractor) for this contract, as listed on the Original or Modifield HIVB Subcontracting Fig. 1984. Actual amount paid to company (subcontractor) during reporting period indicated in 9 above. Note: Actual payments to subcontractor, must be reported, which way be different than the amount invoiced to IVA for the same spende. If both 3 "ad 2" fire a subcontractor are listed, enter the amount paid by the prime contractor to the 1s" fire and the amount paid by the fire the 2s" fire and the amount paid by the prime contractor to the 1s" fire and the amount paid by the prime contractor to the 1s" fire and the amount paid by the prime contractor to the 1s" fire and the amount paid to date (through the reporting pariod indicated in 9 above) to this company (subcontractor) under this contract. Leave blank (completed by UTA).
15 16 17	Dollar amount of awarded to this company (subcontractor) for this contract, as listed on the Original or Modified HUB Stackcontracting Flam Universal Programs (subcontractor) during reporting period indicated in 9 above. Note: Actual payments to subcontractors must be reported, which may be different that had amount invoked to 1740 or the same speriod. If both 1 and 2 for the came speriod, If both 1 and 2 for the came speriod, If both 2 for 18 or the 2 for the 2
15 16 17 18	Dollar amount of awarded to this company (subcontractor) for this contract, as lated on the Original or Modified HVB Subcontracting first but company (subcontractor) during reporting particle indicated in 9 above. Note: Actual payments to subcontractor, meta be reported, which may be different than the amount invoiced to UTA for the same particle. If both 1° and 2° Ther advocative cates are littled, enter the amount paid by the prime contractor to the 1° Ther and the "Actual amount paid to date (through the reporting particle indicated in 9 abova) to this company (subcontractor) under this Caves blank (completed by UTA). These includes the company of the particle of the company (subcontractor) under this Caves blank (completed by UTA).
15 16 17 18 19	Dollar amount of awarded to this company (subcontractor) for this contract, as lated on the Original or Modified HUB Stackcontracting Fland. Actual amount paid to company (subcontractor) during reporting period indicated in 9 above. Note: Actual payments to subcontractors must be reported, which may be different than the amount invoiced to UTA for the same parend. If both 1 and 2" flar subcontractors are listed, enter the amount paid by the prime contractor to the 1" flar and the amount paid to date (through the reporting period indicated in 9 above) to this company (subcontractor) under this contract. Leave biask (completed by UTA). Total amount awarded to all subcontractors (should equal total amount awarded on the Original or Modified HUB Subcontracting Plan). Total amount awarded to all subcontractors for the reporting period listed in 9 above. Total amount paid to date of all subcontractors (through the reporting period listed in 9 above) under this contract.
15 16 17 18 19 20	Dollar amount of awarded to this company (subcontractor) for this contract, as listed on the Original or Modified HUB Stackcontracting Flan Descriptors (subcontractor) during reporting period indicated in 9 above. Note: Actual payments or subcontractors must be reported, which may be different that has amount provided by 174 for the same spende. If both 1 and 2 for the came payment, if both 1 and 2 for the came payment, if both 2 and 2 for the came payment, if both 2 for 18 for the came payment. If both 3 for 18 for the 2 for the
15 16 17 18 19 20 21	Dallar amount of awarded to this company (subcontractor) for this contract, as lated on the Original or Modified HUB Stackcontracting from the company (subcontractor) during reporting period indicated in 9 above. Note: Actual payments to subcontractor, must be reported, which may be different than the amount smooth of UTA for the same period. If executing the property of the period of the pe
15 16 17 18 19 20 21 22 23	Dollar amount of avarded to this company (subcontractor) for this contract, as listed on the Original or Modified HUB Subcontracting Teal to company (subcontractor) during reporting period indicated in 9 above. Note: Actual payment. Actual amount paid to company (subcontractor) during reporting period indicated in 9 above. Note: Actual payment. The subcontractor has been subcontractor to the 15 first payment. The subcontractors are listed, enter the amount paid by the prime contractor to the 15 first paid to 15 first payment. The subcontractor is the subcontractor are listed, enter the amount paid by the prime contractor to the 15 first paid the amount paid to date (though the reporting period indicated in 9 above) to this company (subcontractor) under this contract. Leave blank (completed by UTA). Total amount paid to date (the long that payment paid to 15 subcontractors (should equal total amount awarded on the Original or Modified HUB Subcontractors (through the reporting period listed in 9 above). Total amount paid to date to all subcontractors (through the reporting period listed in 9 above) under this contract. Signature of surhorized person in prime contractors, who has verified the report is correct. Title of signing subhority. Oate signed.

NOTE: SELF-PERFORMING COMPANIES COMPLETE ONLY STEPS 1-10 AND 21-25.



The University of Texas at Arlington HUB Point of Contact



Mario Ramirez (HUB) mario.ramirez@uta.edu (817) 272-2039





Thank You



