

THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER  
November 2018

## **RIDER 104-C**

# **POLICY ON UTILIZATION HISTORICALLY UNDERUTILIZED BUSINESSES**

## **Building Construction**



**The University of Texas MD Anderson Cancer Center  
HUB and Federal Small Business Program  
Policy on Utilization of Historically Underutilized Businesses (HUBs)**

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**The University of Texas MD Anderson Cancer Center  
HUB and Federal Small Business Program**

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| <b>POLICY ON UTILIZATION OF<br/>HISTORICALLY UNDERUTILIZED BUSINESSES (HUBs)</b> |
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**Introduction**

In accordance with the Texas Government Code, Sections 2161.181-182 and Title 34, Section 20.284 of the Texas Administrative Code (TAC), The Board of Regents of the University of Texas System, acting through The University of Texas MD Anderson Cancer Center's HUB and Federal Small Business Program, shall make a good faith effort to utilize Historically Underutilized Businesses (HUBs) in contracts for construction services, including professional and consulting services; and commodities contracts. The HUB Rules promulgated by the Texas Comptroller of Public Accounts (the "Texas Comptroller"), set forth in 34 TAC Sections 20.281-20.298, encourage the use of HUBs by implementing these policies through race-, ethnic- and gender-neutral means.

The purpose of the HUB Program is to promote full and equal business opportunities for all businesses in State contracting in accordance with the following goals as specified in the State of Texas Disparity Study:

- **11.2% for heavy construction other than building contracts;**
- **21.1% for all building construction, including general contractors and operative builders contracts;**
- **32.9% for all special trade construction contracts;**
- **23.7% for professional services contracts**
- **26% for all other services contracts, and**
- **21.1% for commodities contracts.**

The University of Texas MD Anderson Cancer Center (MD Anderson) shall make a good faith effort to meet or exceed these goals to assist HUBs in receiving a portion of the total contract value of all contracts that MD Anderson expects to award in a fiscal year. MD Anderson may achieve the annual program goals by contracting directly with HUBs or indirectly through subcontracting opportunities in accordance with the Texas Government Code, Chapter 2161, Subchapter F.

## SUMMARY OF REQUIREMENTS

### Historically Underutilized Business (HUBs) Subcontracting Plan

It is the policy of The University of Texas MD Anderson Cancer Center and each of its component institutions, to promote and encourage contracting and subcontracting opportunities for Historically Underutilized Businesses (HUBs) in all contracts. Accordingly, The University of Texas MD Anderson Cancer Center has adopted Rider **104-C, Policy on Utilization of Historically Underutilized Businesses**. The Policy applies to all contracts with an expected value of \$100,000 or more. The University of Texas MD Anderson Cancer Center is the contracting authority.

1. In all contracts for professional services, contracting services, and/or commodities with an expected value of \$100,000 or more, The University of Texas MD Anderson Cancer Center (“MD Anderson”) will indicate in the purchase solicitation (e.g. RFQ, RFP, or CSP) whether or not MD Anderson has determined that subcontracting opportunities are probable in connection with the contract. A HUB Subcontracting Plan is a required element of the architect, contractor or vendor Response to the purchase solicitation. The HUB Subcontracting Plan shall be developed and administered in accordance with the Policy. **Failure to submit a required HUB Subcontracting Plan will result in rejection of the Response.**
2. If subcontracting opportunities are probable, MD Anderson will declare such probability in its invitations for bids, requests for proposals, or other purchase solicitation documents, and shall require submission of the appropriate HUB Subcontracting Plan with the Response.
  - a. When subcontracting opportunities are probable, and the Respondent proposes to subcontract any part of the work, the Respondent shall submit a **HUB Subcontracting Plan as prescribed by the Texas Comptroller** identifying subcontractors **[[34 TAC §20.285 (d) (1)(A)(B)(C)(D)(i)(ii)(iii)(2)(3)(A)(B)(C)(D)(E)(F)(4)(A)(B)].**
  - b. When subcontracting opportunities are probable, but the Respondent can perform such opportunities with its employees and resources, the Respondent’s HUB Subcontracting Plan shall include **the Self Performance HUB Subcontracting Plan, Section 3 – Self Performance Justification as the HUB Subcontracting Plan (HSP).** **[34 TAC §20.285 (d)(5)(A)(B)(C)(D)].**
3. If subcontracting opportunities are not probable, MD Anderson will declare such probability in its invitations for bids, requests for proposals, or other purchase solicitation documents and shall require submission of the appropriate HUB Subcontracting Plan with the Response.
  - a. When subcontracting opportunities are not probable, and the Respondent proposes to perform all of the work with its employees and resources, the Respondent shall submit a HUB Subcontracting Plan that includes **the Self Performance HUB Subcontracting Plan, Section 3 – Self Performance Justification as the HUB Subcontracting Plan (HSP).**
  - b. When subcontracting opportunities are not probable, but the Respondent proposes to subcontract any part of the work, the Respondent shall submit a **HUB Subcontracting Plan as prescribed by the Texas Comptroller** identifying subcontractors.
4. Respondents shall follow, but are not limited to, procedures listed in the Policy when developing a HUB Subcontracting Plan.
5. **Competitive Sealed Proposals (CSPs)** Respondents shall submit a HUB Subcontracting Plan (packaged separately). HUB plans are due at the time of the proposal.
6. In making a determination whether a good faith effort has been made in the development of the required HUB Subcontracting Plan, MD Anderson shall follow the procedures listed in the Policy. If accepted by the University, the HUB Subcontracting Plan shall become a provision of the Respondent's contract with The University of Texas MD Anderson Cancer Center. **Revisions necessary to clarify and enhance information submitted in the original HUB subcontracting plan may be made in an effort to determine good faith effort.** Any revisions after the submission of the HUB Subcontracting Plan shall be approved by the HUB Coordinator.

7. **D/B and CM @ Risk Responses:** Respondents to a “design build” or “construction manager-at-risk” purchase solicitation shall include the Letter of HUB Commitment in their Response attesting that the Respondent has read and understands the Policy on Historically Underutilized Businesses (HUBs), and a HUB Subcontracting Plan for all preconstruction and construction services includes **HUB Subcontracting Plan as prescribed by the Texas Comptroller specific to construction services identifying first, second and third tier subcontractors.** Respondents proposing to perform Part I services with their own resources and employees shall submit, as part of their HSP, **the Self Performance Justification.**
8. **D/B and CM @ Risk HUB Contract Requirements:** Contractors engaged under design-build and construction manager-at-risk contracts shall submit a HUB Subcontracting Plan for all Construction Phase Services, and, must further comply with the requirements of this Policy by developing and submitting a HUB Subcontracting Plan for each bid package issued in buying out the guaranteed maximum or lump sum price of the Project. The HUB Subcontracting Plans shall identify first, second and third tier subcontractors.
9. The University of Texas MD Anderson Cancer Center shall reject any Response that does not include a fully completed HUB Subcontracting Plan, as required. **An incomplete HUB Subcontracting Plan is considered a material failure to comply with the solicitation for proposals.**
10. Changes to the HUB Subcontracting Plan. Once a Respondent’s HUB Subcontracting Plan is accepted by MD Anderson and becomes a provision of the contract between Respondent and U. T. System, the Respondent can only change that HUB Subcontracting Plan if (a) the Respondent complies with 34 TAC Section 20.285; (b) the Respondent provides its proposed changes to MD Anderson for review; (c) MD Anderson(including U. T. System’s HUB Coordinator) approves Respondent’s proposed changes to its HUB Subcontracting Plan; and (d) MD Anderson and the Respondent amend their contract (via a writing signed by authorized officials of both parties) in order to replace the contract’s existing HUB Subcontracting Plan with a revised HUB Subcontracting Plan containing the changes approved by U. T. System.
11. Expansion of Work. If, after entering into a contract with a Respondent as a result of a purchase solicitation subject to the Policy, MD Anderson wishes to expand the scope of work that the Respondent will perform under that contract through a change order or any other contract amendment (the “Additional Work”), MD Anderson will determine if the Additional Work contains probable subcontracting opportunities not identified in the initial purchase solicitation for that contract. If MD Anderson determines that probable subcontracting opportunities exist for the Additional Work, then the Respondent must submit to MD Anderson an amended HUB Subcontracting Plan covering those opportunities that complies with the provisions of 34 TAC Section 20.285. Such an amended HUB Subcontracting Plan must be approved by MD Anderson(including U. T. System’s HUB Coordinator) before (a) the contract may be amended by MD Anderson and the Respondent to include the Additional Work and the amended HUB Subcontracting Plan and (b) the Respondent performs the Additional Work. If a Respondent subcontracts any of the additional subcontracting opportunities identified by MD Anderson for any Additional Work (i) without complying with 34 TAC Section 20.285 or (ii) before MD Anderson and that Respondent amend their contract to include a revised HUB Subcontracting Plan that authorizes such subcontracting, then the Respondent will be deemed to be in breach of its contract with U. T. System. As a result of such breach, MD Anderson will be entitled to terminate its contract with the Respondent, and the Respondent will be subject to any remedial actions provided by Texas law, including those set forth in Chapter 2161, Texas Government Code, and 34 TAC Section 20.285. University may report a Respondent’s nonperformance under a contract between that Respondent and MD Anderson to the Texas Comptroller in accordance with 34 TAC Sections 20.101 through 20.108.
12. A Response may state that the Respondent intends to perform all the subcontracting opportunities with its own employees and resources in accordance with the Policy. However, if such a Respondent enters into a contract with MD Anderson as a result of such a Response but later desires to subcontract any part of the work set forth in that contract, before the Respondent subcontracts such work it must first change its HUB Subcontracting Plan in accordance with the provisions of Section 10 above.

13. The University of Texas MD Anderson Cancer Center shall require a professional services firm, contractor or vendor to whom a contract has been awarded to report the identity and the amount paid to its subcontractors on a monthly basis using a **HUB Subcontracting Plan (HSP) Prime Contractor Progress Assessment Report (PAR)** as a condition for payment.
14. If The University of Texas MD Anderson Cancer Center determines that the successful Respondent failed to implement an approved HUB Subcontracting Plan in good faith, MD Anderson, in addition to any other remedies, may report nonperformance to the Texas Comptroller in accordance with 34 TAC, Section 20.14, (g)(1) related remedies of nonperformance to professional services firms, contractor, and vendor implementation of the HUB Subcontracting Plan.
15. In the event of any conflict between this “Summary of Requirements” and the remainder of the HUB Policy, the remainder of the HUB Policy will control.
16. These requirements, including the attachments referred to above, may be downloaded over the Internet at <http://www.mdanderson.org/bids>. For additional information contact the HUB and Federal Small Business Program Office of The University of Texas MD Anderson Cancer Center at 713-745-8300.



# HUB Subcontracting Plan (HSP)

## QUICK CHECKLIST

While this HSP Quick Checklist is being provided to merely assist you in readily identifying the sections of the HSP form that you will need to complete, it is very important that you adhere to the instructions in the HSP form and instructions provided by the contracting agency.

- If you will be awarding all of the subcontracting work you have to offer under the contract to only Texas certified HUB vendors, complete:
  - ☐ Section 1 - Respondent and Requisition Information
  - ☐ Section 2 a. - Yes, I will be subcontracting portions of the contract.
  - ☐ Section 2 b. - List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to Texas certified HUB vendors.
  - ☐ Section 2 c. - Yes
  - ☐ Section 4 - Affirmation
  - ☐ GFE Method A (Attachment A) - Complete an Attachment A for each of the subcontracting opportunities you listed in Section 2 b.
- If you will be subcontracting any portion of the contract to Texas certified HUB vendors and Non-HUB vendors, and the aggregate percentage of all the subcontracting work you will be awarding to the Texas certified HUB vendors with which you **do not** have a **continuous contract\*** in place for more than five (5) years **meets or exceeds** the HUB Goal the contracting agency identified in the "Agency Special Instructions/Additional Requirements", complete:
  - ☐ Section 1 - Respondent and Requisition Information
  - ☐ Section 2 a. - Yes, I will be subcontracting portions of the contract.
  - ☐ Section 2 b. - List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to Texas certified HUB vendors and Non-HUB vendors.
  - ☐ Section 2 c. - No
  - ☐ Section 2 d. - Yes
  - ☐ Section 4 - Affirmation
  - ☐ GFE Method A (Attachment A) - Complete an Attachment A for each of the subcontracting opportunities you listed in Section 2 b.
- If you will be subcontracting any portion of the contract to Texas certified HUB vendors and Non-HUB vendors or only to Non-HUB vendors, and the aggregate percentage of all the subcontracting work you will be awarding to the Texas certified HUB vendors with which you **do not** have a **continuous contract\*** in place for more than five (5) years **does not meet or exceed** the HUB Goal the contracting agency identified in the "Agency Special Instructions/Additional Requirements", complete:
  - ☐ Section 1 - Respondent and Requisition Information
  - ☐ Section 2 a. - Yes, I will be subcontracting portions of the contract.
  - ☐ Section 2 b. - List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to Texas certified HUB vendors and Non-HUB vendors.
  - ☐ Section 2 c. - No
  - ☐ Section 2 d. - No
  - ☐ Section 4 - Affirmation
  - ☐ GFE Method B (Attachment B) - Complete an Attachment B for each of the subcontracting opportunities you listed in Section 2 b.
- If you will not be subcontracting any portion of the contract and will be fulfilling the entire contract with your own resources (i.e., employees, supplies, materials and/or equipment, complete:
  - ☐ Section 1 - Respondent and Requisition Information
  - ☐ Section 2 a. - No, I will not be subcontracting any portion of the contract, and I will be fulfilling the entire contract with my own resources
  - ☐ Section 3 - Self Performing Justification
  - ☐ Section 4 - Affirmation

**\*Continuous Contract:** Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service, to include under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into "new" contracts.

(RESPONDENT'S BUSINESS LETTERHEAD)

Date

Mrs. Marian Nimon  
Associate Director, HFSB Program  
The University of Texas MD Anderson Cancer Center  
PO Box 301407 Unit 1680  
Houston, TX 77230-1407

Re: Historically Underutilized Business Plan for (Project Title)  
RFX/PO Number: \_\_\_\_\_

Dear Mrs. Nimon,

In accordance with the requirements outlined in the specification section "HUB Participation Program," I am pleased to forward this HUB Subcontracting Plan as an integral part of our response in connection with your invitation for Request for Qualifications (Request for Proposal if Building Construction or Job Order Contract) referencing the above project.

I have read and understand The University of Texas MD Anderson Cancer Center Policy on Utilization of Historically Underutilized Businesses (HUBs). I also understand the State of Texas Annual Procurement Goal according to 34 Texas Administrative Code Section 20.284 is 21.1% for all building construction, including general contractors and operative builder's contracts. 32.9% for all special trade construction contracts.

This HUB Subcontracting Plan includes \_\_\_\_ Subcontracting Opportunities [refer to Section 2, page 12 representing \_\_\_\_ (no. of subcontractors) trades with a total dollar value of \_\_\_\_\_. These figures represent a cumulative percentage of \_\_\_\_%, representing \_\_\_\_% for minority-owned HUBs and \_\_\_\_% for women-owned HUBs. When a HUB is owned by minority women, I have classified that HUB as minority-owned rather than women-owned.

I understand the above HUB percentages must represent Texas Comptroller HUB certification standards. For each of the listed HUB firms, I have attached a Texas Comptroller Certification document, or, if the HUB is certified by another Texas Comptroller approved certifying agency, a copy of their approved certification document.

By completion of Section 4 of the HUB Subcontracting Plan, I affirm my intent to utilize the subcontractors selected to perform the scope of work to be subcontracted.

Should we discover additional subcontractors claiming Historically Underutilized Business status during the course of this contract we will notify you of the same. In addition, if for some reason a HUB is unable to fulfill its contract with us, we will notify you immediately in order to take the appropriate steps to amend this contractual obligation.

Sincerely,

\_\_\_\_\_  
Project Executive

\_\_\_\_\_  
Signature

cc: Project Manager

**MD Anderson (only)**

**Please check:**

- ☐ New HUB plan
- ☐ Competitive Sealed Proposal
- ☐ Building Construction
- ☐ Job Order Contract (JOC)
- ☐ Change Order
- ☐ Other:

(BUSINESS LETTERHEAD)

Letter of HUB Commitment for  
Building Construction /JOC Contracts

Date

Mrs. Marian Nimon  
Associate Director, HFSB Program  
The University of Texas MD Anderson Cancer  
Center PO Box 301407 Unit 1680  
Houston, TX 77230-1407

Re: Historically Underutilized Business Plan for (Project Title)  
RFX/PO Number: \_\_\_\_\_

Dear Mrs. Nimon:

In accordance with the requirements outlined in the specification section "HUB Participation Program," I am pleased to forward this Letter of HUB Commitment as an integral part of our proposal in connection with your invitation for Request for Proposals (Request for Qualifications if Building Constructions or Job Order Contract), referencing Project Number:\_\_\_\_\_.

I have read and understand The University of Texas MD Anderson Cancer Center Policy on Utilization of Historically Underutilized Businesses (HUBs).

Good Faith Effort will be documented with each bid package and will contain a completed HUB Subcontracting Plan with each bid package.

An updated HUB Plan will be submitted at the completion of each bid process along with the percent of "buyout" to date for the project. Documentation of subcontracted work and the Progress Assessment Reports will be provided with each pay request as well as to MD Anderson's HUB and Federal Small Business Program.

I will submit a completed HUB Subcontracting Plan with each package. The HSP shall consist of a Letter of Transmittal (page 8) and the HUB Subcontracting Plan (pages 11-17) identifying first, second and third tier subcontractors.

Sincerely,

\_\_\_\_\_  
Contractor's Printed Name and Title

\_\_\_\_\_  
Contractor's Signature

cc: Project Manager



# 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: 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:

- **21.1 percent for all building construction, including general contractors and operative builders contracts,**
- **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 accordance with 34 TAC §20.285(d)(1)(D)(iii), 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 with which the respondent **does not** have a **continuous contract\*** in place for **more than five (5) years** shall qualify for meeting the HUB goal. This limitation is designed to encourage vendor rotation as recommended by the 2009 Texas Disparity Study.

### Building Construction HUB Goal –

#### 21.1% Special Trade HUB Goal – 32.9%

- ❖ Respondents submitting a Competitive Sealed Proposal shall submit a HUB Subcontracting Plan (HSP) that meets the Good Faith Effort prescribed in Method A (Attachment A) or Method B (Attachment B).
- ❖ Respondents submitting Construction Manager @ Risk or Design Build delivery method (Two-step process) shall submit:
  1. Part One Pre-Construction Services – Section 3, if self-performing all pre-con services or Method A or Method B if subcontracting all or part of pre-con services.; and Letter of HUB Commitment for Construction Services (page 9).
  2. Part Two Building Construction – Method B is only acceptable Plan
- ❖ 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.
- ❖ HUB Subcontracting Plan (HSP) Prime Contractor Progress Assessment Report (PAR) shall be submitted monthly following award, documenting all payments to subcontractors.
- ❖ Please note that phone logs are no longer acceptable as documentation of the good faith effort. Only fax, e-mail and written correspondence are acceptable.
- ❖ Continuous Contract: Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into 'new' contracts.

## 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. RFX/PO#: \_\_\_\_\_ Bid Close Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

mm/dd/yyyy)

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., an "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. (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 with which you <b>do not</b> have a <u>continuous contract*</u> in place for <u>more than five (5) years</u> . | Percentage of the contract expected to be subcontracted to HUBs with which you have a <u>continuous contract*</u> in place for <u>more than five (5) years</u> . | 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: |                                        | %                                                                                                                                                                              | %                                                                                                                                                                | %                                                                     |

(Note: If you have more than fifteen subcontracting opportunities, a continuation sheet is available online at <http://www.comptroller.texas.gov/purchasing/vendor/hub/forms.php>)

- 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.)

- 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 five (5) years, meets or exceeds the HUB goal the contracting agency identified on page 1 in the "Agency Special Instructions/Additional Requirements".

- ☐ - **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 SECTION 4 and complete an "HSP Good Faith Effort - Method B (Attachment B)" for each of the subcontracting opportunities you listed.)

**\*Continuous Contract:** Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions. The prime contractor and HUB vendor are entering (have entered) into "new" contracts.

**a. This page can be used as a continuation sheet to the HSP Form's page 2, SECTION 2, Item b.** Continue listing 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).

\***Continuous** Contract: Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into "new" contracts.

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.

Provide explanation:

**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 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/docs/hub-forms/ProgressAssessmentReportFo.xls>)
- 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)

- 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.

RFX/PO #:

## SECTION A-1 SUBCONTRACTING OPPORTUNITY

**Description:**

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 <http://mycpa.cpa.state.tx.us/tpasscmbsearch/index.jsp>. HUB status code "A" signifies that the company is a Texas certified HUB.

[illegible]

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# HSP Good Faith Effort - Method B (Attachment B)

Enter your company's name here: \_\_\_\_\_

RFX/PO #: \_\_\_\_\_

**IMPORTANT:** If you responded "**No**" to **SECTION 2, Items c and d** of the completed HSP form, you must submit a completed "HSP Good Faith Effort - Method B (Attachment B)" 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 form at [http:// www.comptroller.texas.gov/purchasing/docs/hub-forms/hub-sbcont-plan-gfe-achm-b.pdf](http://www.comptroller.texas.gov/purchasing/docs/hub-forms/hub-sbcont-plan-gfe-achm-b.pdf)

## SECTION B-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 this attachment.

Item #: \_\_\_\_\_ Description: \_\_\_\_\_

## SECTION B-2 MENTOR PROTÉGÉ PROGRAM

If respondent is participating as a Mentor in a State of Texas Mentor Protégé Program, submitting its Protégé (Protégé must be a State of Texas certified HUB) as a subcontractor to perform the subcontracting opportunity listed in SECTION B-1, constitutes a good faith effort to subcontract with a Texas certified HUB towards that specific portion of work.

Check the appropriate box (Yes or No) that indicates whether you will be subcontracting the portion of work you listed in SECTION B-1 to your Protégé.

- ☐ - Yes (If Yes, to continue to SECTION B-4.)
- ☐ - No / Not Applicable (If No or Not Applicable, continue to SECTION B-3.)

## SECTION B-3 NOTIFICATION OF SUBCONTRACTING OPPORTUNITY

When completing this section you MUST comply with items a, b, c and d, thereby demonstrating your Good Faith Effort of having notified Texas certified HUBs 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 <https://www.comptroller.texas.gov/purchasing/docs/hub-forms/HUBSubcontractingOpportunityNotificationForm.pdf>

Retain supporting documentation (i.e., certified letter, fax, e-mail) demonstrating evidence of your good faith effort to notify the Texas certified HUBs and trade organizations or development centers. Be mindful that a working day is considered a normal business day of the state agency, not including weekends, federal or state holidays, or days the agency is declared closed by its executive order. The initial day the subcontracting opportunity notice is sent/provided to the HUBs and to the trade organizations or development centers is considered to be "day zero" and does not count as one of the seven (7) working days.

- a.** Provide written notification of the subcontracting opportunity you listed in SECTION B-1, to three (3) or more Texas certified HUBs. Unless the contracting agency specified a different time period, you must allow the HUBs at least seven (7) working days to respond to the notice prior to your submitting your bid response to the contracting agency. When searching for Texas certified HUBs, ensure that you use the State of Texas' Centralized Master Bidders List (CMBL) and Historically Underutilized Business (HUB) Search directory located at <http://mycpa.cpa.state.tx.us/tpasscmbsearch/index.jsp>. HUB Status code "**A**" signifies that the company is a Texas certified HUB.
- b.** List the three (3) Texas certified HUBs you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the company's Vendor ID (VID) number, the date you sent notice to that company, and indicate whether it was responsive or non-responsive to your subcontracting opportunity notice.

| Company Name | Texas VID<br>(Do not enter Social Security Numbers.) | Date Notice Sent<br>(mm/dd/yyyy) | Did the HUB Respond?                                   |
|--------------|------------------------------------------------------|----------------------------------|--------------------------------------------------------|
|              |                                                      | / /                              | <input type="radio"/> - Yes <input type="radio"/> - No |
|              |                                                      | / /                              | <input type="radio"/> - Yes <input type="radio"/> - No |
|              |                                                      | / /                              | <input type="radio"/> - Yes <input type="radio"/> - No |

- c.** Provide written notification of the subcontracting opportunity you listed in SECTION B-1 to two (2) or more trade organizations or development centers to assist in identifying potential HUBs by disseminating the subcontracting opportunity to their members/participants. Unless the contracting agency specified a different time period, you must provide your subcontracting opportunity notice to trade organizations or development centers at least seven (7) working days prior to submitting your bid response to the contracting agency. A list of trade organizations and development centers that have expressed an interest in receiving notices of subcontracting opportunities is available on the Statewide HUB Program's webpage at <http://www.comptroller.texas.gov/purchasing/vendor/heb/resources.php>.

- d.** Enter the name of the 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<br>(mm/dd/yyyy) | Was the Notice Accepted?                               |
|--------------------------------------------|----------------------------------|--------------------------------------------------------|
|                                            | / /                              | <input type="radio"/> - Yes <input type="radio"/> - No |
|                                            | / /                              | <input type="radio"/> - Yes <input type="radio"/> - No |

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

Enter your company's name here: \_\_\_\_\_

RFX/PO #: \_\_\_\_\_

## SECTION B-4 SUBCONTRACTOR SELECTION

- a. Enter the item number and description of the subcontracting opportunity for which you are completing this Attachment B continuation page.

Item#: \_\_\_\_\_ Description: \_\_\_\_\_

- b. List the subcontractor(s) you selected to perform the subcontracting opportunity you listed in **SECTION B-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 <http://mycpa.cpa.state.tx.us/tpasscmbsearch/index.jsp>. HUB status code "A" signifies that the company is a Texas certified HUB.

| Company Name | Texas Certified HUB                                    | Texas VID or federal EIN<br><small>Do not enter Social Security Numbers.<br/>If you do not know their VID / EID,<br/>leave their VID / EID field blank.</small> | Approximate Dollar Amount | Expected Percentage of Contract |
|--------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------|
|              | <input type="radio"/> - Yes <input type="radio"/> - No |                                                                                                                                                                 | \$                        | %                               |
|              | <input type="radio"/> - Yes <input type="radio"/> - No |                                                                                                                                                                 | \$                        | %                               |
|              | <input type="radio"/> - Yes <input type="radio"/> - No |                                                                                                                                                                 | \$                        | %                               |
|              | <input type="radio"/> - Yes <input type="radio"/> - No |                                                                                                                                                                 | \$                        | %                               |
|              | <input type="radio"/> - Yes <input type="radio"/> - No |                                                                                                                                                                 | \$                        | %                               |
|              | <input type="radio"/> - Yes <input type="radio"/> - No |                                                                                                                                                                 | \$                        | %                               |
|              | <input type="radio"/> - Yes <input type="radio"/> - No |                                                                                                                                                                 | \$                        | %                               |

- c. If any of the subcontractors you have selected to perform the subcontracting opportunity you listed in SECTION B-1 is **not** a Texas certified HUB, provide written justification for your selection process (attach additional page if necessary):

**REMINDER:** As specified in SECTION 4 of the completed HSP form, if you (respondent) are awarded any portion of the requisition, you are required to provide notice as soon as practical to all the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor. 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 it (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 ***HSP Good Faith Effort - Method B (Attachment B)*** Cont.

# HUB Subcontracting Opportunity Notification Form

In accordance with Texas Gov't Code, Chapter 2161, each state agency that considers entering into a contract with an expected value of \$100,000 or more shall, before the agency solicits bids, proposals, offers, or other applicable expressions of interest, determine whether subcontracting opportunities are probable under the contract. The state agency I have identified below in **Section B** has determined that subcontracting opportunities are probable under the requisition to which my company will be responding.

34 Texas Administrative Code, §20.285 requires all respondents (prime contractors) bidding on the contract to provide notice of each of their subcontracting opportunities to at least three (3) Texas certified HUBs (who work within the respective industry applicable to the subcontracting opportunity), and allow the HUBs at least seven (7) working days to respond to the notice prior to the respondent submitting its bid response to the contracting agency. In addition, at least seven (7) working days prior to submitting its bid response to the contracting agency, the respondent must provide notice of each of its subcontracting opportunities to two (2) or more trade organizations or development centers (in Texas) that serves members of groups (i.e., Asian Pacific American, Black American, Hispanic American, Native American, Woman, Service Disabled Veteran) identified in Texas Administrative Code §20.282(19)(C).

We respectfully request that vendors interested in bidding on the subcontracting opportunity 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**.

| Section A         |  | PRIME CONTRACTOR'S INFORMATION |                       |
|-------------------|--|--------------------------------|-----------------------|
| Company Name:     |  |                                | State of Texas VID #: |
| Point-of-Contact: |  |                                | Phone #:              |
| E-mail Address:   |  |                                | Fax #:                |

| Section B         |  | CONTRACTING STATE AGENCY AND REQUISITION INFORMATION |                |
|-------------------|--|------------------------------------------------------|----------------|
| Agency Name:      |  |                                                      |                |
| Point-of-Contact: |  |                                                      | Phone #:       |
| Requisition #:    |  |                                                      | Bid Open Date: |
| (mm/dd/yyyy)      |  |                                                      |                |

| Section C                                           |  | SUBCONTRACTING OPPORTUNITY RESPONSE DUE DATE, DESCRIPTION, REQUIREMENTS AND RELATED INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Potential Subcontractor's Bid Response Due Date: |  | <p><b>If you would like for our company to consider your company's bid for the subcontracting opportunity identified below in Item 2, we must receive your bid response no later than:</b></p> <p>_____ On _____</p> <p style="text-align: center;">(Central Time) <span style="float: right;">Mm/dd/yyyy</span></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>In accordance with 34 TAC §20.285, each notice of subcontracting opportunity shall be provided to at least three (3) Texas certified HUBs, and allow the HUBs at least seven (7) working days to respond to the notice prior to submitting our bid response to the contracting agency. In addition, at least seven (7) working days prior to us submitting our bid response to the contracting agency, we must provide notice of each of our subcontracting opportunities to two (2) or more trade organizations or development centers (in Texas) that serves members of groups (i.e., Asian Pacific American, Black American, Hispanic American, Native American, Woman, Service Disabled Veteran) identified in Texas Administrative Code, §20.282(19)(C).</i></p> <p><i>(A working day is considered a normal business day of a state agency, not including weekends, federal or state holidays, or days the agency is declared closed by its executive officer. The initial day the subcontracting opportunity notice is sent/provided to the HUBs and to the trade organizations or development centers is considered to be "day zero" and does not count as one of the seven (7) working days.)</i></p> </div> |  |
| 2. Subcontracting Opportunity Scope of Work:        |  | <input type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 3. Required Qualifications:                         |  | <input type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 4. Bonding/Insurance Requirements:                  |  | <input type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 5. Location to review plans/specifications:         |  | <input type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

**Effective immediately, PAR reports are to be submitted electronically.  
MD Anderson's HUB Program team will notify awarded firms with procedure details.**  
*This form must be completed and submitted to the MD Anderson each month to document compliance with your HSP.*

(Agency Use Only)

**\*\*It is critical to advise us if there is a change in your contact information for the report.**

\*\*\* Reports (PARs) are due by the **5<sup>th</sup>** of the following month.

\*Note: HUB certification status can be verified on-line at: <http://mycpa.cpa.state.tx.us/tpasscmb1search/index.jsp>

**TOTALS:**

Signature:

Title:

Date:

Printed Name:

Phone No.

Return Form To: Marian Nimon, M.B.A., C.P.M., CPSD

Associate Director

HFSB Program, Unit 1680

UT MD Anderson Cancer Center

PO Box 301407

Houston, TX 77230-1407

Phone: 713-745-8352 FAX 713-745-5814

[mnimon@mdanderson.org](mailto:mnimon@mdanderson.org)

Check if this is the last report to  
be submitted for this project: \_\_\_\_\_