HUB Subcontracting Plan (HSP)
Prime Contractor Progress Assessment Report

(for CMR, CSP, DB and Construction-related Professional Services use only)

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

Contract/Requisition Number: _____ **Date of Award:** _____ **Object Code:** _____
(mm/dd/yyyy)   (Agency Use Only)

Contracting Agency/University Name: _____

Contractor (Company) Name: _____   **State of Texas VID #:** _____

Point of Contact: _____   **Phone #:** _____

Reporting (Month) Period: _____   **Total Amount Paid this Reporting Period to Contractor: $** _____

Report HUB *and* Non-HUB subcontractor information

Subcontractor's Name	Subcontractor's VID or HUB Certificate Number	*Texas Certified HUB? (Yes or No)	Total Contract $ Amount from HSP with Subcontractor	Total $ Amount Paid This Reporting Period to Subcontractor	Total Contract $ Amount Paid to Date to Subcontractor	Object Code (Agency Use Only)
			$	$	$	
			$	$	$	
Please see attached **UT System Contract Management System Subcontractor Report** for this reporting period.						
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
TOTALS:			$	$	$	

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

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

*Note: HUB certification status can be verified on-line at: https://mycpa.cpa.state.tx.us/tpasscmblsearch/tpasscmblsearch.do

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