HUB Subcontracting Plan (HSP)
Prime Contractor Progress Assessment Report

Rev. 10/14

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: _____

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

***Note: Texas certified HUB status can be verified on-line at: https://mycpa.cpa.state.tx.us/tpasscmblsearch/index.jsp**

Subcontractor's Name	*Texas certified HUB? (Yes or No)	Subcontractor's VID or HUB Certificate Number (Required if Texas certified HUB)	Total Contract $ Amount from HSP with Subcontractor	Total $ Amount Paid this Reporting Period to Subcontractor	Total Contract $ Amount Paid to Date to Subcontractor	Object Code (Agency Use Only)
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Signature: _____ **Title:** _____ **Date:** _____