



# Request for Competitive Sealed Proposal

RFCSP752-24-3594-14556CS

# Union Corner Store Renovation-Chick Fil-A Relocation



# UNT SYSTEM FACILITIES PLANNING & CONSTRUCTION

- Pre-Proposal Meeting/Site Visit Following
- Monday, August 7, 2023 @ 10:00 a.m.

### Office of Finance



### AGENDA

- INTRODUCTIONS
- PROJECT DESCRIPTION
- SUBMISSION REQUIREMENTS/CRITERION
- HISTORICALLY UNDERUTILIZED BUSINESSES (HUB)
- SELECTION PROCESS/SCHEDULE
- REQUIREMENTS
- QUESTIONS



### PROJECT DESCRIPTION

- This project is for the renovation of the University Union Building Corner Store.
   Remodel current Corner store space in the Student Union for upgraded Chick-fil-A and additional tables/seats for the Union.
- The renovation is to address the increase in volume of business.
- The business volume has outpaced current operational space occupied by Chick-Fil-A. The Corner Store location can offer the needed growth space, both for food service production and needed seating.
- Notice to Proceed for construction is anticipated to be September 2023, with substantial completion on December 8, 2023, and final completion in December 2023.



# SUBMISSION REQUIREMENTS/CRITERIA

- Proposed agreement amount
- Number of calendar days to complete project
- Qualifications & experience of proposer's key personnel & subcontractors committed to project with experience in construction of dining retail facilities or similar scale projects; experience with commercial kitchen construction within an occupied building.
- Proposer's current workload availability or time dedicated to this project both personnel and equipment
- Quality of references from owners & architects for similar projects completed by proposer within last 5 years
- Proposed project schedule & demonstrated ability to have met expedited schedules on similar projects
- Responsibility/reputation of Proposer claims & litigation experiences
- Proposer's safety record
- Sufficiency of Proposer's financial resources



### HISTORICALLY UNDERUTILIZED BUSINESSES (HUB)

- HUB Sub-Contracting plan is required for this project and is due August 31, 2023 @ 2:00 pm
- Should you submit HSP at the same time as Proposal, please submit Proposal and HSP as separate pdf documents
- Any questions regarding HUB Sub-contracting Plan can be directed to Rosa Violante or Sony Simon at <a href="https://hub@untsystem.edu">hub@untsystem.edu</a>





# The Historically Underutilized Business Subcontracting Plan



# Agenda

- What is a Historically Underutilized Business
- •Why we do a HUB Subcontracting Plan
- How to create a HUB Subcontracting Plan



# What is a Historically Underutilized Business (HUB)?

It is at least 51% owned by an Asian Pacific American, Black American, Hispanic American, Native American, American woman and/or Service Disabled Veteran, who reside in Texas and actively participate in the control, operations and management of the entity's affairs.



# What is a HUB?

- •It is certified by the State of Texas.
- •It is a for-profit entity that has not exceeded the size standards prescribed by 34 TAC §20.23, and has its principal place of business in Texas.



# Why we do a HUB Subcontracting Plan (HSP)

- Texas State Law.
  - •Government Code Chapter §2161.252
  - Administrative Code §20.14
- •Demonstrates a "Good Faith Effort" (GFE) to diversify business opportunities.
- •If a complete HSP is not submitted on due date, the Response must be rejected



## **Quick Checklist**

Use this tool to determine which pages and sections must be completed based on the unique situation and plan of the submitting company.

#### Fillable Electronic Form at:

http://comptroller.texas.gov/procure ment/prog/hub/hub-forms/hubsbcont-plan--allfms.pdf

### Office of Finance

Rev. 10/16



# 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 <u>all</u> of the subcontracting work you have to offer under the contract to <u>only</u> I exas 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 - Affrmation   |
|   | 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 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.



# Page 1

- Contains the HUB goals established by the State of Texas. (21.1% for building construction)
- Please ensure Section 1 is completed thoroughly and accurately.
- Note: UNT System HUB Area will verify the Vendor ID and HUB status of the submitting company

### Office of Finance

### **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) §20.13 are:

- · 11.2 percent for heavy construction other than building contracts,
- 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 \$20.14(d)(1)(D)(iii), a respondent (prime contractor) may demonstrate good faith effort to utilize Texas certified. HUBs. for its

| speci<br>will s<br>subc | ontracting opportuniti<br>fic HUB goal, whiche<br>ubcontract. If using o<br>ontracted to HUBs w<br>This limitation is des | ever is higher.<br>existing contra<br>ith which the re | When a respond<br>cts with Texas (<br>espondent does | lent uses this<br>certified HUBs<br>not have a co | method to de<br>to satisfy thi<br>ontinuous co | monstrate go<br>is requiremen<br>ontract* in pl | ood faith effort<br>nt, only the ag<br>lace for <u>more</u> | t, the respond<br>ggregate per<br>than five (5) | dent mus<br>centage | t identify the<br>of the contra | HUBs with who<br>acts expected t | ich it<br>o be |
|-------------------------|---|--|--|---|--|---|---|---|---------------------|---------------------------------|----------------------------------|----------------|
|                         |   |  |  |   |  |   |   |   |                     |                                 |                                  |                |
|                         |   |  |  |   |  |   |   |   |                     |                                 |                                  |                |
|                         |   |  |  |   |  |   |   |   |                     |                                 |                                  |                |
|                         |   |  |  |   |  |   |   |   |                     |                                 |                                  |                |
|                         |   |  |  |   |  |   |   |   |                     |                                 |                                  |                |
|                         |   |  |  |   |  |   |   |   |                     |                                 |                                  |                |
|                         |   |  |  |   |  |   |   |   |                     |                                 |                                  |                |
|                         |   |  |  |   |  |   |   |   |                     |                                 |                                  |                |
|                         |   |  |  |   |  |   |   |   |                     |                                 |                                  |                |
|                         |   |  |  |   |  |   |   |   |                     |                                 |                                  |                |
|                         |   |  |  |   |  |   |   |   |                     |                                 |                                  |                |
|                         |   |  |  |   |  |   |   |   |                     |                                 |                                  |                |
|                         |   |  |  |   |  |   |   |   |                     |                                 |                                  |                |
|                         |   |  |  |   |  |   |   |   |                     |                                 |                                  |                |
| SEC                     | TION 1: RESPON  | NDENT AND  | REQUISITION  | INFORMAT  | ION  |   |   |   |                     |                                 |                                  | _              |
| a.                      | Respondent (Comp  | pany) Name:  |  |   |  |   |   | St  | ate of Te           | xas VID #:                      |                                  |                |
|                         | Point of Contact:   |  |  |   |  |   |   | Ph  | one #:              |                                 |                                  |                |
|                         | E-mail Address:   |  |  |   |  |   |   | Fa  | x #:                |                                 |                                  |                |
| b.                      | Is your company a   | State of Texas   | certified HUB?                                       | -Yes  | - No   |   |   |   |                     |                                 |                                  |                |
| C.                      | Requisition #:  |  |  |   |  |   |   | Bio   | d Open D            |                                 |                                  |                |
|                         |   |  |  |   |  |   |   |   |                     | (r                              | nm/dd/yyyy)                      |                |



# Page 2

- Declare all subcontracting opportunities on this page.
- List by opportunity type, not by vendor name (that comes later).
- The choices at the bottom will determine which "Method" the submitting company will use to demonstrate a GFE.
- There is an addendum page to use if the submitting company identifies more than 15 subcontracting opportunities.

Office of Finance

| ı |                                 |                | 4 | 75 |
|---|---------------------------------|----------------|---|----|
|   | 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 §20.11, a "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.)
  - Vo, 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 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).

| Providence of the control of the con |   |   |   |   |   |  | Non-HUBs |
|--|---|---|---|---|---|--|----------|
| Item #   | Subcontracting Opportunity Description                              | HUBs with which you so not have HUBs with which you have a expected |   | xpected to be subcontracted to<br>HUBs with which you have a<br>ontinuous contract* in place for<br>more than five (5) years. |   | Percentage of the contract<br>expected to be subcontracted<br>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: |   | % |   | % |  | %        |

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 lo.

- \*es (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.)

   \*Vo (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."
  - 'es (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.)
     Vo (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 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.



# Page 3

- If the submitting company is not subcontracting any of the work, they must explain how the company will perform the entire contract with its own employees, materials, etc.
- The designated representative of the submitting company will read and affirm the contractual obligations within the HSP by signing in the space below.
- This should be signed by a senior employee familiar with the project.

### Office of Finance

| Enter your company's name here: |  | Requisition #: |
|---------------------------------|--|----------------|
| PERSON A CELE DEPENDANCE I      | NATION TO STATE OF THE PARTY OF |                |
|                                 | USTIFICATION (If you responded "No" to SECTION 2, Item a, you mu<br>the space provided below explain how your company will perfo   |                |
| materials and/or equipment.     |  |                |
|                                 |  |                |
|                                 |  |                |
|                                 |  |                |
|                                 |  |                |
|                                 |  |                |
|                                 |  |                |
|                                 |  |                |
|                                 |  |                |
|                                 |  |                |
|                                 |  |                |
|                                 |  |                |
|                                 |  |                |
|                                 |  |                |
|                                 |  |                |
|                                 |  |                |
|                                 |  |                |

#### 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 on 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/ProgressAssessmentReportForm.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                                    |
|-----------|--------------|-------|---|
|           |              |       | 000000000000000000000000000000000000000 |

#### 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.



### Attachment A

- Used if the submitting company intends to use only Certified HUBs or if they meet the State's HUB goals.
- One page per subcontracting opportunity.
- The sum of these percentages must match the percentages listed on Page 2 for each opportunity.
- Note: UNT System HUB Area will verify the current HUB status and Vendor ID of all subcontractors.

### Office of Finance

HSP Good Faith Effort - Method A (Attachment A)

| Enter your company's name here: Requisition #: |                                 |                |  |
|--|---------------------------------|----------------|--|
|  | Enter your company's name here: | Requisition #: |  |
|  |                                 |                |  |

METHOR TARY: If you responses "Yes to SECTION 2, items or a of the completed HSP form, you must summit a completed "HSP Good Faith Effort". Method A (Attachment A)" for <a href="mailto:end-of-per-summitted-of-p

| SECTION A-1:                           | SUBCONTRAC         | CTING OPPORTUNITY   |
|--|--------------------|---|
| Enter the item numk<br>the attachment. | er and description | of the subcontracting opportunity you listed in SECTION 2, Item b, of the completed HSP form for which you are completing |
| tem Number:                            | Description:       |   |

#### SECTION A-2: SUBCONTRACTOR SELECTION

List the subcontractor(s) you selected to perform the subcontracting opportunity you listed above in SECTION A-1. Also identify whether they are a Texas certified HUB and their Texas Vendor Identification (VID) Number or federal Employer Identification Number (EIN), the approximate dollar value of the work to be subcontracted, and the expected percentage of work to be subcontracted. When searching for Texas certified HUB 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 <a href="http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.state.tr.us/bassombleanch/index.isp..HUB.status.code.44">http://mycap.coa.status.code.44">http://mycap.coa.status.code.44">http://mycap.coa.status.code.44

| Company Name | Texas cert | Ified HUB | Texas VID or federal EIN<br>Do not enter Social Security Numbers.<br>If you do not know their VID / EIN,<br>leave their VID / EIN field blank. | Approximate<br>Dollar Amount | Expected<br>Percentage of<br>Contract |
|--------------|------------|-----------|--|------------------------------|---------------------------------------|
|              | - Yes      | - No      |  | 5                            | %                                     |
|              | - Yes      | □ - No    |  | 5                            | %                                     |
|              | - Yes      | - No      |  | 5                            | %                                     |
|              | - Yes      | - No      |  | 5                            | %                                     |
|              | - Yes      | - No      |  | \$                           | %                                     |
|              | - Yes      | □- No     |  | 5                            | %                                     |
|              | - Yes      | □-No      |  | 5                            | %                                     |
|              | - Yes      | □- No     |  | 5                            | %                                     |
|              | - Yes      | - No      | ·  | \$                           | %                                     |
|              | - Yes      | □- No     | ·  | 5                            | %                                     |
|              | - Yes      | □- No     | ·  | 5                            | %                                     |
|              | - Yes      | □- No     | ·  | 5                            | %                                     |
|              | - Yes      | □- No     | ·  | 5                            | %                                     |
|              | - Yes      | □- No     | ·  | 5                            | %                                     |
|              | - Yes      | □- No     | ·  | 5                            | %                                     |
|              | - Yes      | □- No     | ·  | 5                            | %                                     |
|              | - Yes      | □- No     |  | 5                            | %                                     |
|              | - Yes      | □- No     |  | 5                            | %                                     |
|              | - Yes      | □- No     | ·  | 5                            | %                                     |
|              | - Yes      | - No      | ·  | 5                            | %                                     |
|              | - Yes      | □ - No    |  | 5                            | %                                     |
|              | - Yes      | □- No     | ·  | 5                            | %                                     |
|              | - Yes      | □-No      |  | \$                           | %                                     |

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 <u>all</u> the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor. The notice must specify at a minimum the ontracting agency's name and its point of contact for the contract award number the subcontractor gopportunity 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.



# Attachment B

- Used if the submitting company intends to use any non-HUB businesses or if they do not meet the State's HUB goals (21.1% for building construction).
- One page per subcontracting opportunity.
- Minimum of 3 HUB Vendors and 2 related trade organizations
- Note: UNT System HUB Area will verify the current HUB status and Vendor ID of all subcontractors.

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

.

Enter your company's name here:

Requisition

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 <u>each</u> 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 <a href="https://www.comptroller.texas.gov/purchasing/docs/hub-forms/hub-sbcont-plan-qfe-achm-b.pdf">https://www.comptroller.texas.gov/purchasing/docs/hub-forms/hub-sbcont-plan-qfe-achm-b.pdf</a>.

#### SECTION B-1: SUBCONTRACTING OPPORTUNITY

inter 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 ompleting the attachment.

em Number:

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 <u>specific</u> 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.

- res (If Yes, continue to SECTION B-4.)

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

#### SECTION B-3: NOTIFICATION OF SUBCONTRACTING OPPORTUNITY

When completing this section you <u>MUST</u> comply with items <u>a</u>, <u>b</u>, <u>o</u>, <u>and d</u>, thereby demonstrating your Good Faith Effort of having notified Texas certified HUBs <u>and</u> 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 <a href="https://www.comptoller.texas.gov/burchasing/docs/hub-forms/HUB/Subcontracting/Opportunity/NotificationForm.pdf">https://www.comptoller.texas.gov/burchasing/docs/hub-forms/HUB/Subcontracting/Opportunity/NotificationForm.pdf</a>.

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. Also, be mindful that 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.

- 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 you submitting your kid response to the contracting agency. 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 <a href="http://mycpa.cpa.state.tx.us/tpasscmblsearch/index.jsp.">https://mycpa.cpa.state.tx.us/tpasscmblsearch/index.jsp.</a> 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 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

| - spironing-menon |  |                                  |                     |
|-------------------|--|----------------------------------|---------------------|
| Company Name      | Texas VID<br>(Do not enter Social Security Numbers.) | Date Notice Sent<br>(mm/dd/yyyy) | Did the HUB Respond |
|                   |  |                                  | □ - Yes □ - No      |
|                   |  |                                  | - Yes - No          |
|                   |  |                                  | -Yes -N             |

- c. Provide written notification of the subcontracting opportunity you listed in SECTION B-1 to two (2) or more trade organizations or development centers in Texas assist in identifying potential HUBs by disseminating the subcontracting opportunity to their members/participants. Unless the contracting agency specified different time period, you must provide your subcontracting opportunity notice to trade organizations or development centers at least seven (7) working days prior submitting your bid response to the contracting agency. A list of trade organizations and development centers that have expressed an interest in receiving notic of subcontracting opportunities is available on the Statewide HUB Program's webpage at <a href="https://www.comptroller.texas.gov/purchasing/vendor/hub/resources.phg">https://www.comptroller.texas.gov/purchasing/vendor/hub/resources.phg</a>
- d. List two (2) trade organizations or development centers you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the dawhen 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 | e Accepted |
|--|------------------|----------------|------------|
|  |                  | -Yes           | - No       |
|  |                  | -Yes           | □ - No     |



# Attachment B (pg. 2)

- The submitting company will show the selected vendor.
- Complete justification as to why a HUB vendor was not selected must be listed
- The sum of these percentages must match the percentages listed on Page 2 for each opportunity.
- Note: UNT System HUB Area will verify the current HUB status and Vendor ID of all subcontractors.



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

| Enter your company's name here: | Requisition #: |  |
|---------------------------------|----------------|--|
|                                 |                |  |

#### SECTION B-4: SUBCONTRACTOR SELECTION

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

- a. Enter the item number and description of the subcontracting opportunity for which you are completing this Attachment B continuation page.
- 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 <a href="http://mvopa.opa.state.tx.us/tpassombitearchindex.ipp.">http://mvopa.opa.state.tx.us/tpassombitearchindex.ipp. HUB status.code "A" signifies that the company is a Texas certified HUB.</a>

| Company Name | Texas certif | led HUB | 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<br>Dollar Amount | Expected<br>Percentage of<br>Contract |
|--------------|--------------|---------|---|------------------------------|---------------------------------------|
|              | - Yes        | 🗆 - No  |   | \$                           | %                                     |
|              | - Yes        | 🗆 - No  |   | \$                           | *                                     |
|              | - Yes        | □ - No  |   | \$                           | *                                     |
|              | - Yes        | 🗆 - No  |   | \$                           | *                                     |
|              | - Yes        | 🗆 - No  |   | \$                           | *                                     |
|              | - Yes        | - No    |   | \$                           | *                                     |
|              | - Yes        | □ - No  |   | \$                           | *                                     |
|              | - Yes        | □ - No  |   | \$                           | %                                     |
|              | □- Yes       | □ - No  |   | \$                           | *                                     |
|              | □- Yes       | 🗆 - No  |   | \$                           | *                                     |

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 awarded.



# HUB Subcontracting Opportunity Notification

- Only one of the many options for distributing information.
- All methods of distributing information must provide complete information.
- Respondents have 7 working days to respond.
- All contact information must be accurate.

### Office of Finance

Rev. 10/1



#### William 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 requisition to which my company will be responding.

34 Texas Administrative Code, §20.14 requires all respondents (prime contractors) bidding on the contract to provide notice of each of their subcontracting opportunities to at least <a href="mailto:track">track</a> (a) Texas certified HUBs (who work within the respective industry applicable to the subcontracting opportunity), and allow the HUBs at <a href="mailto:track">texas (7) working days</a> to respond to the notice prior to the respondent submitting its bid response to the contracting agency. In addition, at <a href="mailto:track">texas (7) working days</a> prior to submitting its bid response to the contracting agency, the respondent must provide notice of each of its subcontracting opportunities to <a href="mailto:track">two (2)</a> or more bade 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, §20.11(19)(C).

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 tim identified in Section A.

| SECTION A: PRIM   | E CONTRACTOR'S INFORMATION   |                                       |                   |
|---|--|---------------------------------------|-------------------|
| Company Name  | c  | State of Texas VID #:                 |                   |
| Point-of-Contac   |  | Phone #:                              |                   |
| E-mail Address  |  | Fax #:                                |                   |
| SECTION B: CONT   | RACTING STATE AGENCY AND REQUISITION INFORMATION   |                                       |                   |
| Agency Name   |  |                                       |                   |
| Point-of-Contac   |  | Dhana #                               |                   |
| Requisition   |  | Phone #:<br>Bid Open Date:            |                   |
| Nednisinon i  | •  | Bid Open Date.                        | (mm/dd/yyyy)      |
| Potential Subcont   | ONTRACTING OPPORTUNITY RESPONSE DUE DATE, DESCRIPTION, REC<br>ractor's Bid Response Due Date:<br>would like for our company to consider your corpany's bid for the subcontracting.   | -                                     |                   |
| ,   | we must receive your bid response no later than  | opportunity recitation control in the |                   |
|   | we must receive your bid response no later trian   | <u> </u>                              |                   |
| or development cent<br>Service Disabled Vel<br>(A working day is col<br>by its executive office<br>is considered to be fi | sponse to the contracting agency, we must provide notice of each of our subcontractins (in Texas) that serves members of groups (i.e., Asian Pacific American, Black American) Identified in Texas Administrative Code, §20.11(10)(C).  Insidered a normal business day of a state agency, not including weekends, federal or in. The Initial day the subcontracting opportunity notice is sembprovided to the HUBs alay zero* and does not count as one of the seven (7) working days.)  Deportunity Scope of Work: | erican, Hispanic American, Native     | e American, Woman |
| Required Qualification  |  |                                       | - Not Applical    |
| 5. Required Qualific  | nions.   |                                       | - Not Applicat    |
| 4. Bonding/Insurance  | e Requirements:  |                                       | - Not Applicab    |
| 5. Location to review   | plans/specifications:  |                                       | - Not Applicab    |



# How to Find HUB Vendors

•Visit the States of Texas "Centralized Master Bidders List" at:

https://mycpa.cpa.state.tx.us/tpasscmblsearch/index.jsp

- Contact associated trade organizations:
  - DFW Minority Supplier Development Council
    - http://dfwmsdc.com/
  - Regional Hispanic Contractors Association
    - http://regionalhca.org/
  - US Pan Asian American Chamber –Southwest
    - http://uspaacc-sw.org/
  - Women's Business Council –Southwest
    - http://www.wbcsouthwest.org/
  - Regional Black Contractors Association
    - www.blackcontractors.org



# Possible Reasons for HSP Rejection

- •Plan not signed.
- •Is not a separate pdf from response or not received on date and time due
- Company information incorrect/incomplete.
- •Not justifying the failure to meet State HUB usage goals.
- •If self-performing, not providing required information.
- •Section 2 does not match Methods "A" or "B".
- Respondents not allowed 7 working days.
- •HUBs and minority chamber not contacted.
- •No documentation showing "GFE".
- •Missing any information that the UNT System HUB Area is not allowed to fill in for the submitting company



# Remember...

- The submitting company's HSP is a binding document.
- •Contract language requires the submitting company to abide by the terms of the original HSP.
- •The HSP can be revised only with the consent of the UNT System HUB Area. The same "GFE" requirements will apply.

•You can send us a draft of your HSP via email 10 days prior to the deadline for review.



# Assistance is Available

- Rosa Violante, Asst. HUB Coordinator & Outreach Specialist or Sony Simon, Asst. HUB Coordinator & Outreach Specialist
- Email: hub@untsystem.edu
- •Web: <a href="https://finance.untsystem.edu/vendor-resources/hub-program/index.php">https://finance.untsystem.edu/vendor-resources/hub-program/index.php</a>
- •Fillable Electronic Form at:

http://comptroller.texas.gov/procurement/prog/hub/hub-forms/hub-sbcont-plan--allfms.pdf



# SELECTION PROCESS

- Responses are due August 30, 2023 @ 2:00 p.m.
- HUB Sub-contracting plans due on August 31, 2023 @ 2:00 p.m.
- Public opening virtually on September 6, 2023 @ 1:00 p.m.
- Submit response and Hub Subcontracting Plan electronically at: https://bids.sciquest.com/apps/Router/PublicEvent?CustomerOrg=UNTS.

**NOTE** that a signature is required on the 004100 Proposal Form, electronic signature will be accepted. QR codes will not be accepted as part of your response.

Anticipate contract complete September 2023 with Notice to Proceed September 2023.



# REQUIREMENTS

- Provide a single point of contact with phone number and email
- Make sure you address each criteria listed under the "Evaluation Criteria" that starts on page 002100-7. Section 5.2 Evaluation Criteria.
- Complete Document 004100, Proposal Form and sign. There is a Questionnaire included directly behind the Proposal form be sure to provide the information and submit with your response.
- Make sure your HUB Sub-Contracting Plan is submitted 24hr after your proposal, or if submitting electronically mark the pdf document as "HUB Plan" at:
  - https://bids.sciquest.com/apps/Router/PublicEvent?CustomerOrg=UNTS.



# QUESTIONS

• Questions should be directed to Carrie Stoeckert, Senior Construction Contract Coordinator— please email questions to:

carrie.stoeckert@untsystem.edu

- Questions must be received by August 15, 2023, by 2:00 p.m. questions & answers will be posted to UNT System website by August 18, 2023, by 5:00 p.m.
- Questions & answers and any addendums will be posted to:

https://finance.untsystem.edu/vendor-resources/bid-inquiry/bid-opportunities.php https://bids.sciquest.com/apps/Router/PublicEvent?CustomerOrg=UNTS

and http://www.txsmartbuy.com/sp