

HSP Modification Form

| Project Number: | |
|---|---|
| Project Name: | |
| Company Name: | |
| Date: | |
| Current subcontractor is not performing to my company's standards | Subcontractor listed is no longer in business |
| University has modified or expanded the scope of work | Other |
| Provide a brief explanation for modification: | |

| Current Subcontractor | Requested Subcontractor | Subcontracting Opportunity |
|-----------------------|--------------------------------|----------------------------|
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| TAMU &SSC USE ONLY | | |
|--|----------|--|
| Date Request Received: | Approved | Not Approved |
| Notes: | | |
| Project Manager Signature: | Dat | ie: |
| HUB Program Signature: | Da | te: |
| Cindy Gillar HUB Coordinator 979-845-9010 c-gillar@tamu.edu | | Shawna Kennedy Assistant HUB Coordinator 979-845-3425 shawna.kennedy@tamu.edu |