

HUB Subcontracting Plan (HSP) Prime Contractor Progress Assessment Report (PAR)

Instructions:

1	Bid, Contract or Purchase Order number
2	Date of Executed Contract
3	Leave Blank
4	Texas A&M University
5	Awarded Company Name (Prime)
6	State of Texas VID or Fed ID# (Prime)
7	Awarded Company (Prime) Contact person
8	Awarded Company (Prime) Contact number
9	Actual Calendar month and year reporting (i.e. January 2020)
10	Actual payment(s) received, from the state agency (Texas A&M University), by the awarded company (Prime) during the reporting month (as listed in Number 9) – Your total Invoice Amount
11	Company name of HUB and Non HUBs (subcontractor)
12	HUB Status should be "Yes" or "No"
13	State of Texas VIN (14 digits) or Fed ID (9 digits) of company (subcontractor). DO NOT ENTER SSN.
14	Amount of total dollars awarded to this company (subcontractor), (as listed on the Original or Modified HSP)
15	Actual amount paid to company during reporting month (as listed in Number 9)
16	Actual amount paid to date to this company (subcontractor) for existence of contract
17	Leave blank (assigned by Facilities Department)
18	Total of awarded dollars to all subcontractors (should equal amounts listed on the Original or Modified HSP)
19	Total of actual amounts paid to all companies (subcontractors) for reporting month (as listed in Number 9)
20	Total of actual amounts paid to all companies (subcontractors) for existence of contract
21	Signature of company (Prime) authorized personnel
22	Title of signing authority
23	Date signed

HUB S		ntracting Progress	•	•	nort	Rev. 09/15	
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This form must be completed and a	submitted to	the contracting agend	cy each month to	document complia	nce with your HSF		
Contract/Requisition Number	r: <u>(1)</u>		Date of Award:	2	Object Code:	3	
Contracting Agency/University Name	e: (4)			<u> </u>			
Contractor (Company) Name	Contractor (Company) Name: 5 Point of Contact: 7			State of Texas VID #:6 Phone #8			
Point of Contac							
Reporting (Month) Period	l: (9)	Total Amoun	t Paid this Reporting	g Period to Contractor:	\$ 10		
Report HUB <u>a</u>							
When verifying subcontractors' HUB status, e rectory Search located at: <u>http://mycpa.cpa.state.</u>				A" signifies that the	-		
Subcontractor's Name	Texas certified HUB (Yes or No)	Texas VID or federal EIN Do not enter Social Security	Total Contract \$ Amount from HSP with Subcontractor	Total \$ Amount Paid this Reporting Period to Subcontractor	Total Contract \$ Amount Paid to Date to Subcontractor	Object Co (Agency Use C	
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		TOTALS:	\$ (18) -	\$ (19) -	\$20 -		
Signature: 2		Title: 22)	Date	23		