|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section I—*to be completed by the Contractor*** | | | | | | | | |
| **Contract Name** | | **Contract Number** | | | | | | |
| **Contractor’s Name** | | **Contractor’s Contact Name** | | | | | | |
| **Contractor Contact’s Phone #** | | **Contractor Contact’s Email** | | | | | | |
| In accordance with the HSP submitted for the awarded contract, the following areas are to be subcontracted: | | | | | | | | |
| **Subcontractor’s Name** | **Commodity Description** | | | | **Cert. HUB?** | **Approx. $ Amt.** | **Expected % of Contract** |
|  |  | | | | Yes No | $ | % |
|  |  | | | | Yes No | $ | % |
|  |  | | | | Yes No | $ | % |
|  |  | | | | Yes No | $ | % |
|  |  | | | | Yes No | $ | % |
|  |  | | | | Yes No | $ | % |
|  |  | | | | Yes No | $ | % |
|  |  | | | | Yes No | $ | % |
|  |  | | | | Yes No | $ | % |
|  |  | | | | Yes No | $ | % |
|  |  | | | | Yes No | $ | % |
|  |  | | | | Yes No | $ | % |
| ***TOTAL SUBCONTRACING*** | | | | | | $ | % | |
| Contractor is required to submit its monthly subcontracting report to Procurement Services’ contact person ***no later than the 10th day of each month, except for March and September, when the report will be due by the 5th day of the month.*** | | | | | | | | |
| I affirm that I am an authorized representative of the contractor listed above, and that I have reviewed the HSP requirements of Texas Tech University and agree to comply with the HSP requirements, which are a provision of the awarded contract. | | | | | | | | |
| Contractor Name / Title / Date | | | Signature | | | | | |
| **Section II—*to be completed by TTU Procurement Services*** | | | | | | | | |
| **TTU Contact’s Name** | | **TTU Contact’s Email** | | | | | | |
| Post-Award HSP Review Form has been reviewed for compliance and approved. | | | | | | | | |
| **Purchaser Name / Date** | | | | **Signature** | | | | |
| **Purchasing Manager / Date** | | | | **Signature** | | | | |
| **Procurement Services Director / Date** | | | | **Signature** | | | | |
| **Additional Comments:** | | | | | | | | |
| Copy of the form sent to contractor after TTU PS signatures: (initials) \_\_\_\_\_\_\_\_\_\_ (date) \_\_\_\_\_\_\_\_\_\_ | | | | | | | | |