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| **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** |
| 1.
 |       | [ ]  Yes [ ] No | $      |       % |
| 1.
 |       | [ ]  Yes [ ] No | $      |       % |
| 1.
 |       | [ ]  Yes [ ] No | $      |       % |
| 1.
 |       | [ ]  Yes [ ] No | $      |       % |
| 1.
 |       | [ ]  Yes [ ] No | $      |       % |
| 1.
 |       | [ ]  Yes [ ] No | $      |       % |
| 1.
 |       | [ ]  Yes [ ] No | $      |       % |
| 1.
 |       | [ ]  Yes [ ] No | $      |       % |
| 1.
 |       | [ ]  Yes [ ] No | $      |       % |
| 1.
 |       | [ ]  Yes [ ] No | $      |       % |
| 1.
 |       | [ ]  Yes [ ] No | $      |       % |
| 1.
 |       | [ ]  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) \_\_\_\_\_\_\_\_\_\_ |