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**For instructions on submitting bid responses, please review the posting entity's solicitation and attached bid documents.**

### "RFQ No. 720-1712 Call Center, Breach Notification and Credit Monitoring Services"

**Status:** Closed

**Solicitation ID:** 720-1712

**Response Due Date:** 2/21/2017

**Response Due Time:** 2:30 PM

**Agency/Texas SmartBuy Member Number:** 720

**Days Solicited:** 14+ Days for Entire Solicitation Package

**Solicitation Posting Date:** 2/3/2017

**Last Modified:** 11/19/2017 3:47 pm

**Solicitation Description:**

**Class/Item Code:** 94636

#### Attachments

#	Name	Description
1	130805_2.docx	
2	130805_1.docx	



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- [Texas Homeland Security \(http://www.dhs.gov/geography/texas\)](http://www.dhs.gov/geography/texas)
- [Texas Veterans Portal \(https://veterans.portal.texas.gov/\)](https://veterans.portal.texas.gov/)
- [Public Information Act \(https://comptroller.texas.gov/about/policies/public-information-act.php\)](https://comptroller.texas.gov/about/policies/public-information-act.php)
- [Texas Secretary of State \(http://www.sos.state.tx.us/\)](http://www.sos.state.tx.us/)
- [HB855 Browser Statement](#)

#### OTHER STATE SITES

- [texas.gov \(https://www.texas.gov/\)](https://www.texas.gov/)
- Texas Records and Information Locator (TRAIL) (<http://www.tsl.state.tx.us/trail/>)
- State Link Policy  
(<http://publishingext.dir.texas.gov/portal/internal/resources/DocumentLibrary/State%20Website%20Linking%20and%20Privacy%20Policy.pdf>)
- Texas Veterans Portal (<http://veterans.portal.texas.gov>)



## REQUEST FOR QUALIFICATIONS

**RFQ No. 720-1712 Call Center, Breach Notification and Credit Monitoring Services**

**RFQ Submittal Deadline: Tuesday, February 14<sup>th</sup>, 2017 at 2:30 PM CST**

The University of Texas System

Prepared By:  
Darya Vienne  
The University of Texas System  
210 West Sixth St.  
Suite B. 140E  
Austin, Texas 78701-2891  
dvienne@utsystem.edu  
February 3rd, 2017

# REQUEST FOR QUALIFICATIONS

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## SECTION 1

### INTRODUCTION

#### 1.1 Description of The University of Texas System

The University of Texas System (“**UT System**”) is one of the nation’s largest systems of higher education, consisting of fourteen university and medical institutions that collectively enroll more than 217,000 students and employ more than 20,000 faculty and 70,000 healthcare professionals. UT System is committed to improving the lives of Texans and people all over the world through education, research and health care.

#### 1.2 Objective of Request for Qualifications

UT System requests responses from qualified companies (“**Respondents**”) in order to pre-qualify Respondents who meet a set of minimum qualifications in order to submit proposals for an upcoming solicitation. Respondents that are qualified with this Request for Qualification (“**RFQ**”) will be invited to respond to a Request for Proposal (“**RFP**”) that will be issued February 22, 2017. Only Respondents that are pre-qualified through this RFQ process will be allowed to respond to the RFP.

The UT System will be seeking vendors to provide high quality, cost efficient response support in the event of a data breach. That support would include at a minimum: Call Center, Notification Letters, and Credit Monitoring. In addition, preferred support may include Identify Theft Insurance and Identity Restoration Services.

Services would need to be made available to any and all of UT System institutions that elect to utilize these services. UT System consists of eight (8) academic institutions, six (6) health science centers, the UT Investment Management Company (“**UTIMCO**”), and UT System Administration (“**Institutions**”). Some of these entities are HIPAA Covered or Hybrid Entities and / or Business Associates. Some maintain student financial information while others maintain protected health information.

Services would need to be made available to the UT System for a period of three (3) years after signed contract, with the option of up to two (2) additional one (1) year extensions.

#### 1.3 Overview of Services Requested

In its RFQ submission, Respondents must identify how they will meet the following preferred qualifications by replying to **Section 3. Qualification Criteria**:

##### A. Notification Services

Notify affected individuals of a Triggering Event as agreed and instructed by Institution(s).

Provide confirmation and / or explanation as to how Respondent can meet the notification services requirements listed below:

- a. Send out notifications to the affected individuals within the time frame required by HIPAA, FERPA and other applicable federal or state law or rule (such as Texas Business and Commerce Code §§521.053).
- b. Remove duplicate records relating to impacted individuals, and provide duplicative data list and final notification list for approval by UT System.
  - i. 99% of records are accurate;
  - ii. Completed within (5) calendar days in receipt of data;

- iii. Format: XML or CSV.
- c. Prepare mail and / or email notifications, as instructed by UT System, for all impacted individuals upon approval of the final list by UT System.
  - i. UT System approved content and format;
  - ii. Ability to maintain or regenerate a copy of the notifications distributed to impacted individuals.
- d. Distribute notification in alphabetical order. Establish a unique P.O. Box return address for distributed mail. The return address shall contain an Institution identifier.
  - i. Distribute within (5) calendar days of receipt;
  - ii. U.S. Mail, or if also required by Institution, email from an Institution domain.
- e. Return a list of failed notifications to Institution.
  - i. No less than (14) days after all notifications have been sent, redistribute previously failed notifications to impacted individuals.
  - ii. Distribute within five (5) calendar days after receiving additional identifying information from Institution

**B. Call Center Service:**

Customer service representatives must have excellent customer service skills and be able to communicate clearly in English and Spanish. Respondent must meet the preferred call-center service requirements listed below:

- a. Call center must be operational prior to notification of impacted individuals;
- b. Dedicated toll-free telephone numbers for each Triggering Event;
- c. Use of scripts and materials provided and / or approved by the Institution
- d. Maintenance of a call log

**C. Credit and Identity Theft Monitoring:**

Respondent must offer credit and identity theft monitoring in accordance with the following preferred qualifications:

- a. Obtain and make available credit reports from all three (3) national credit reporting agencies (i.e., Experian, Equifax, and TransUnion) to enrolled individuals.
  - i. Initial credit report for impacted individuals should be made available within 48 hours of enrollment into credit monitoring services;
  - ii. Subsequent reports should be made available in accordance with the Fair Credit Reporting Act and other applicable credit laws;
- b. Identify and notify impacted individuals of findings or changes no later than twenty-four (24) hours after occurrence;
- c. Services must be provided in accordance with all applicable laws.

## SECTION 2

### RESPONSE REQUIREMENTS

#### 2.1 Submittal Deadline

UT System will accept Responses submitted in response to this RFQ until 2:30 p.m., Central Standard Time (“CST”) on **Tuesday, February 14th, 2017** (the “**Submittal Deadline**”).

#### 2.2 University Contact Person

Respondents to this RFQ should direct all questions or concerns regarding this RFQ to the following University contact (“**UT System Contact**”):

**Darya Vienne**  
**Email: [dvienne@utsystem.edu](mailto:dvienne@utsystem.edu)**

University specifically requests that Respondents restrict all contact and questions regarding this RFQ and the resulting RFP to the above named individual via email. Discussions (written or verbal) related to the services in this RFQ with parties other than the University Point of Contact are grounds for Respondent disqualification.

#### 2.3 Criteria for Selection

The successful Respondent, if any, selected by UT System through this RFQ will be based on Respondents submittal on or before the Submittal Deadline and the information provided in response to **Section 3. Qualification Criteria**.

The evaluation of responses and the selection of qualified Respondents will be based on the information provided in the responses. UT System may consider additional information if UT System determines the information is relevant.

Criteria to be considered by UT System in evaluating responses and selecting qualified Respondents, will be these factors:

- A. Vendor Capabilities to Meet Scope of Work and Additional Services (40%);
- B. Experience (20%);
- C. Service Quality and Operational Plan (30%);
- D. Staffing / Resources / Capacity / Support (10%).

UT System reserves the right to award none, any, or all of the Services described in this RFQ after completion of the RFP process.

Pricing is not an element of the RFQ process and information related to pricing should not be included in response to this RFQ.

#### 2.4 Notice

All Respondents will be notified of determination of qualification / non-qualification by the UT System point of contact via e-mail.

## 2.5 Key Events Schedule

All qualified Respondents will be sent instructions for the RFP. Below is the schedule of events for the RFQ and RFP process.

### A. RFQ

Issuance of RFQ	Friday, February 3rd, 2017
Submittal Deadline (ref. <b>Section 2.1</b> of this RFQ)	2:30 p.m. CST on Tuesday, February 14th, 2017

### B. RFP

Issuance of RFP	Tuesday, February 28th, 2017
Deadline for Questions / Concerns	Friday, March 10th, 2017
Submittal Deadline	2:30 p.m. CST on Tuesday, March 21st, 2017

## 2.6 Number of Copies

Responder must submit:

- A. One (1) complete paper copy of its *entire* response. Response must be typed on letter-size (8-1/2" x 11") paper. Preprinted material should be referenced in the proposal and included as labeled attachments. Sections within a response should be divided by tabs for ease of reference.

An original signature by an authorized officer of Responder must appear on the Qualification Request Form (ref. **Section 4**). ***UT System does not consider electronic signatures to be valid therefore the original signature must be a "wet signature."***

- B. One (1) complete and identical electronic copy of its entire proposal in a single .pdf file on USB Flash Drive. The USB Flash Drive must include a protective cover and be labeled with Respondents name and RFQ number.

## 2.7 Submission

Responses must be received by UT System on or before the Submittal Deadline (ref. **Section 2.1** of this RFQ) and should be delivered to:

The University of Texas System Administration  
210 West Sixth St.  
Suite B. 140E  
Austin, Texas 78701-2891  
**Attn: Darya Vienne**

**NOTE: Show the Request for Qualification number and submittal date in the lower left-hand corner of sealed bid envelope (box / container).**

Late responses properly identified will be returned to Respondent unopened. Late responses will not be considered under any circumstances.



NOTE: It is the responsibility of the Respondent to ensure that their response is submitted to meet the deadline date and time requirements.

## 2.8 General Instructions

- A. Respondents should carefully read the information contained herein.
- B. Submittals and any other information submitted by Respondents in response to this RFQ shall become the property of UT System.
- C. Failure to comply with the requirements contained in this RFQ may result in rejection of the response.
- D. Responses to **Section 3** of this RFQ cannot exceed twenty (20) pages.
- E. Responses submitted by telephone, facsimile ("FAX"), or Email are not acceptable in response to this RFQ.

## 2.9 Submittal Checklist

Respondents are instructed to complete, sign, and return the following documents as a part of its proposal. If Respondents fails to return each of the following items with its proposal, then UT System may reject the response:

- A. Responses to Qualification Criteria (ref. **Section 3**).
- B. Signed and Completed Qualification Request Form (ref. **Section 4**).

## SECTION 3

### QUALIFICATION CRITERIA

Narratives provided in response to criteria listed below must address specific items noted with each criterion. Respondent can also include additional information Respondent believes UT System should know when determining qualifications. Respondent's response to **Section 3** cannot exceed the maximum number of pages (ref. **Section 2.8 D**).

#### Evaluation Questions for Supplier Response

<p>A. Vendor Capabilities to Meet Scope of Work and Additional Services <b>(40%)</b></p>	<ol style="list-style-type: none"><li>1. Describe how Respondent's product or service meets the preferred qualifications listed in Scope of Work and in accordance with HIPAA, FERPA and other applicable federal or state laws and rules (such as <a href="#">Texas Business and Commerce Code §§521.053</a>).</li><li>2. Briefly describe the key strengths of Respondent's services.</li><li>3. Describe what identify theft insurance Respondent provides, if any.</li><li>4. Describe what identity restoration services Respondent provides, if any.</li><li>5. Provide copy of marketing material or sample brochure.</li></ol>
<p>B. Experience <b>(20%)</b></p>	<ol style="list-style-type: none"><li>6. Provide Respondent's company business profile including years in business, structure of organization, client base, company growth over the last three (3) years, number of employees and other relative information.</li><li>7. References: Provide a listing of Respondent's current and past projects / customers similar in size and scope to the services described in the RFQ. If applicable, list examples of services rendered in the state of Texas, particularly within institutions of higher education including any large scale breaches.</li><li>8. Describe Respondent's ability to provide services to large sophisticated entities, as well as smaller entities with less in house resources. In addition, address the various strategies used to comply with</li></ol>

	<p>various federal and state privacy and data security laws and regulations.</p> <p>9. Provide a list of Security and Privacy Liability Insurance Carriers that have approved Respondent to provide the services listed in this RFQ in the event of a security breach.</p>
<p>C. Service Quality and Operational Plan (30%)</p>	<p>10. Describe Respondent's data breach response strategy.</p> <p>11. Explain how quickly Respondent is able to respond from time of customer notification. Describe how Respondent is able to quickly scale up or down depending on the size of the breach.</p> <p>12. Describe how Respondent will work with UT System before, during, and after a data breach. Include information such as:</p> <ul style="list-style-type: none"> <li>• Personnel who will be involved at various stages; Response times;</li> <li>• Processes and timelines;</li> <li>• Methods of communication and assistance;</li> <li>• Availability for tabletop exercises / drills; and other information vital to understanding the service Respondent provides.</li> </ul> <p>13. Describe Respondent's capability to set up a web page with FAQs, applicable forms, updates, etc.</p> <p>14. Regarding breach notifications to affected individuals:</p> <ol style="list-style-type: none"> <li>a. Describe the process used to notify affected individuals in the case of a Triggering Event, and ability to meet varying legal compliance standards. Provide a sample Notice Template.</li> <li>b. What tools and processes does Respondent use to determine current address of potentially impacted individuals? Does Respondent offer Address Look-Up Service?</li> </ol> <p>15. Regarding Respondent's call center support for affected individuals:</p>

	<p>a. Describe Respondent’s Call Center infrastructure, set-up process, training of call-center representatives, languages supported, and process for escalation. (E.g. does Respondent provide a unique toll-free number? How quickly can the call center become operational from the time UT System provides an FAQ? Etc.?).</p> <p>b. What is the expected average wait time in the call queue?</p> <p>15. Regarding Credit and Identity Theft Monitoring for affected individuals</p> <p>a. Provide a description of the credit and identity theft monitoring services – how to enroll, how long, types of monitoring offered and any other relevant information.</p> <p>c. Describe the Alert / Notification process used to notify individuals enrolled in credit monitoring services. Provide details on the methods, time frames, and information provided.</p>
<p>D. Staffing / Resources / Capacity / Support <b>(10%)</b></p>	<p>16. Provide information on key staff who will be involved on working on UT System account including roles, responsibilities, and resumes. Additionally, describe the minimum qualifications and training for call center customer service representatives and identity restoration personnel.</p> <p>17. Provide Respondent’s call centers location. Does Respondent have global call-center capabilities? In what languages is Respondent able to provide service? What does the customer experience look like if the call center is closed or when the call center is at capacity (no available lines)?</p> <p>18. Are Respondent’s call centers and / or customer service able to operate 24 / 7 / 365? If not, what are the hours of availability of the Respondent’s both customer service and call center?</p> <p>19. Describe Respondent's ability to scale and / or provide burst capacity. Describe the largest breach Respondent have coordinated and how it was managed.</p>

**SECTION 4**

**QUALIFICATION REQUEST FORM**

Name of responding entity: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

By completing and signing this form, the Respondent affirms that all the information is true and correct. The person signing below further affirms that they are a duly authorized representative of the Respondent's firm.

Submitted and Certified by:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## ADDENDUM 1

DATE: May 12, 2020  
RFQ NO: RFQ 720-1712 Call Center, Breach Notification and Credit Monitoring Services  
OWNER: The University of Texas System Administration  
TO: Prospective Bidders

This Addendum forms part of Contract Documents and modifies Bid Documents dated February 3rd, 2017 with amendments and additions noted below.

### **Extension of Proposal Deadline**

Due to the posting of this Addendum, the deadline for the RFQ has been postponed to allow adequate time for proposal preparation. Proposal submittal deadlines listed on the cover page, Section 2.1 (Submittal Deadline), and Section 2.5 (Key Events Schedule) of the original bid document shall now read:

**RFQ Submittal Deadline: Tuesday, February 21st, 2017 at 2:30 PM, CST**

**Issuance of RFP: Tuesday, March 7<sup>th</sup>, 2017**

**Deadline for Questions: Friday, March 17<sup>th</sup>, 2017**

**RFP Submittal Deadline: Friday, March 31<sup>st</sup>, 2017**

### **Questions and Answers:**

**1. Question: Item 1.2 – we do not have any issue with a three (3) year initial term with optional extensions – we would require to use our contract as a starting point as a highly regulated entity, it more accurately covers the products and services provided.**

**Answer:** *Include this statement in Proposer's response. Also, include Proposer's contract for UT System's review.*

**2. Question: Item 2.6.B – this is a conflict with our security policies – I am unable to provide a soft copy on a USB flash drive. Can you receive an electronic copy via email instead?**

**Answer:** *Is it possible to submit a soft copy on a CD-ROM?*

**3. Question:** **Is this purely a “what if” scenario, or does the UT system regularly provide credit monitoring services? If you do provide as a regular business practice, can you provide expected annual volumes?**

**Answer:** *UT System intends to utilize credit monitoring services as needed, typically in response to a privacy event, but not limited to any specific privacy event.*

**4. Question:** **This is a very tight turnaround with a wet signature & hard copy requirement – is there any flexibility on the due date?**

**Answer:** *The deadline for response to the RFQ has been extended to Feb 21, 2017 (extension of one (1) week). In connection with that RFQ extension, the expected RFP issuance date will be moved to March 7, 2017.*

**END OF ADDENDUM 1**



# 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 all of the subcontracting work you have to offer under the contract to only Texas 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 - Affirmation

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, including transportation and delivery), 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 contractor with goods or service, to include transportation and delivery 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.





# 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 subcontracting opportunities if the total value of the respondent's subcontracts with Texas certified HUBs meets or exceeds the statewide HUB goal or the agency specific HUB goal, whichever is higher. When a respondent uses this method to demonstrate good faith effort, the respondent must identify the HUBs with which it will subcontract. If using existing contracts with Texas certified HUBs to satisfy this requirement, only the aggregate percentage of the contracts expected to be subcontracted to HUBs with which the respondent **does not** have a **continuous contract\*** in place for **more than five (5) years** shall qualify for meeting the HUB goal. This limitation is designed to encourage vendor rotation as recommended by the 2009 Texas Disparity Study.*

**SECTION-1 RESPONDENT AND REQUISITION INFORMATION**

- a. Respondent (Company) Name: \_\_\_\_\_ State of Texas VID #: \_\_\_\_\_  
 Point of Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_
- b. Is your company a State of Texas certified HUB?  - Yes  - No
- c. Requisition #: \_\_\_\_\_ Bid Open Date: \_\_\_\_\_  
(mm/dd/yyyy)

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, services, transportation and delivery 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.)
- *No*, 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, services, transportation and delivery. (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).

Item #	Subcontracting Opportunity Description	HUBs		Non-HUBs
		Percentage of the contract expected to be subcontracted to HUBs with which you <b>do not</b> have a <b>continuous contract*</b> in place for <b>more than five (5) years</b> .	Percentage of the contract expected to be subcontracted to HUBs with which you have a <b>continuous contract*</b> in place for <b>more than five (5) years</b> .	Percentage of the contract expected to be subcontracted 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:		%	%	%

(Note: If you have more than fifteen subcontracting opportunities, a continuation sheet is available online at <http://window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/>.)

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 b.

- *Yes* (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.)
- *No* (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."

- *Yes* (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.)
- *No* (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, to include transportation and delivery 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.

Enter your company's name here: \_\_\_\_\_ Requisition #: \_\_\_\_\_

**SECTION 2 RESPONDENT'S SUBCONTRACTING INTENTIONS (CONTINUATION SHEET)**

This page can be used as a continuation sheet to the HSP Form's page 2, Section 2, Item b. Continue listing 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).

Item #	Subcontracting Opportunity Description	HUBs		Non-HUBs
		Percentage of the contract expected to be subcontracted to HUBs with which you <b>do not</b> have a <b>continuous contract*</b> in place for <b>more than five (5) years</b> .	Percentage of the contract expected to be subcontracted to HUBs with which you have a <b>continuous contract*</b> in place for <b>more than five (5) years</b> .	Percentage of the contract expected to be subcontracted to non-HUBs.
16		%	%	%
17		%	%	%
18		%	%	%
19		%	%	%
20		%	%	%
21		%	%	%
22		%	%	%
23		%	%	%
24		%	%	%
25		%	%	%
26		%	%	%
27		%	%	%
28		%	%	%
29		%	%	%
30		%	%	%
31		%	%	%
32		%	%	%
33		%	%	%
34		%	%	%
35		%	%	%
36		%	%	%
37		%	%	%
38		%	%	%
39		%	%	%
40		%	%	%
41		%	%	%
42		%	%	%
43		%	%	%
Aggregate percentages of the contract expected to be subcontracted:		%	%	%

**\*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, to include transportation and delivery 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.

Enter your company's name here: \_\_\_\_\_ Requisition #: \_\_\_\_\_

**SECTION-3 SELF PERFORMING JUSTIFICATION** (If you responded "No" to SECTION 2, Item a, you must complete this SECTION and continue to SECTION 4.)

If you responded "No" to SECTION 2, Item a, in the space provided below **explain how** your company will perform the entire contract with its own employees, supplies, materials and/or equipment, to include transportation and delivery.

**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 no 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 <http://www.window.state.tx.us/procurement/prog/hub/hub-forms/progressassessmentrpt.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 <small>(mm/dd/yyyy)</small>
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**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.



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

Rev. 09/15

Enter your company's name here: _____	Requisition #: _____
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**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 **each** 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 <http://window.state.tx.us/procurement/prog/hub/hub-forms/hub-sbcont-plan-gfe-achm-b.pdf>.

## SECTION B-1: SUBCONTRACTING OPPORTUNITY

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 the attachment.

Item 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 specific 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.

- Yes (If *Yes*, continue to SECTION B-4.)
- No / 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 **MUST** comply with items **a, b, c and d**, thereby demonstrating your Good Faith Effort of having notified Texas certified HUBs and 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 <http://www.window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan>.

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 bid 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 <http://mycpa.cpa.state.tx.us/tpasscmbldsearch/index.jsp>. 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 opportunity notice.

Company Name	Texas VID <small>(Do not enter Social Security Numbers.)</small>	Date Notice Sent <small>(mm/dd/yyyy)</small>	Did the HUB Respond?
			- Yes      - No
			- Yes      - No
			- Yes      - No

- 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 to assist in identifying potential HUBs by disseminating the subcontracting opportunity to their members/participants. Unless the contracting agency specified a different time period, you must provide your subcontracting opportunity notice to trade organizations or development centers at least seven (7) working days prior to submitting your bid response to the contracting agency. A list of trade organizations and development centers that have expressed an interest in receiving notices of subcontracting opportunities is available on the Statewide HUB Program’s webpage at <http://www.window.state.tx.us/procurement/prog/hub/mwb-links-1/>.

- d.** List **two (2) trade organizations or development centers** you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the date when you sent notice to it and indicate if it accepted or rejected your notice.

Trade Organizations or Development Centers	Date Notice Sent <small>(mm/dd/yyyy)</small>	Was the Notice Accepted?
		- Yes      - No
		- Yes      - No

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

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Enter your company's name here: _____	Requisition #: _____
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**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 the attachment.

- a. Enter the item number and description of the subcontracting opportunity for which you are completing this Attachment B continuation page.

Item Number: \_\_\_\_\_ Description: \_\_\_\_\_

- 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 <http://mycpa.cpa.state.tx.us/tpasscmbsearch/index.jsp>. HUB status code "A" signifies that the company is a Texas certified HUB.

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

- c. If any of the subcontractors you have selected to perform the subcontracting opportunity you listed in **SECTION B-1** is **not** a Texas certified HUB, provide written justification for your selection process (attach additional page if necessary):

**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 is awarded.



# 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 contract. The state agency I have identified below in Section B has determined that 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 three (3) Texas certified HUBs (who work within the respective industry applicable to the subcontracting opportunity), and allow the HUBs at least seven (7) working days to respond to the notice prior to the respondent submitting its bid response to the contracting agency. In addition, at least seven (7) working days prior to submitting its bid response to the contracting agency, the respondent must provide notice of each of its subcontracting opportunities to two (2) or more trade 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 time identified in Section C, Item 1. Submit your response to the point-of-contact referenced in Section A.

<b>SECTION: A PRIME CONTRACTOR'S INFORMATION</b>	
Company Name: _____	State of Texas VID #: _____
Point-of-Contact: _____	Phone #: _____
E-mail Address: _____	Fax #: _____

<b>SECTION: B CONTRACTING STATE AGENCY AND REQUISITION INFORMATION</b>	
Agency Name: _____	Phone #: _____
Point-of-Contact: _____	Bid Open Date: _____
Requisition #: _____	(mm/dd/yyyy)

**SECTION: C SUBCONTRACTING OPPORTUNITY RESPONSE DUE DATE, DESCRIPTION, REQUIREMENTS AND RELATED INFORMATION**

**1. Potential Subcontractor's Bid Response Due Date:**

If you would like for our company to consider your company's bid for the subcontracting opportunity identified below in Item 2, we must receive your bid response no later than \_\_\_\_\_ on \_\_\_\_\_ .  
Central Time Date (mm/dd/yyyy)

*In accordance with 34 TAC §20.14, each notice of subcontracting opportunity shall be provided to at least three (3) Texas certified HUBs, and allow the HUBs at least seven (7) working days to respond to the notice prior to submitting our bid response to the contracting agency. In addition, at least seven (7) working days prior to us submitting our bid response to the contracting agency, we must provide notice of each of our subcontracting opportunities to two (2) or more trade 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).*

*(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.)*

**2. Subcontracting Opportunity Scope of Work:**

**3. Required Qualifications:** - Not Applicable

**4. Bonding/Insurance Requirements:** - Not Applicable

**5. Location to review plans/specifications:** - Not Applicable