



Austin Independent School District HUB Program Compliance Checklist

Solicitation Number & Name: 19CSP084 MPE Renovation Martin MS

Name of Prime: _____

Contact Name & Phone Number: _____



NOTE: Submission of this form is required for Responsiveness.

* Verify ACTIVE certification for subcontractor at either links to count as participation:

State of Texas HUB _____

or

City of Austin MBE/WBE

YES NO

If the question above is answered YES (e)3 (red)ITQ 0 62 792 reW* nBTrf* 20.933020.93

please complete this Compliance Check List on the reverse side.

ALL

MUST

ONLY

Proconteam@austinisd.org

1111 W. Sixth Street, A-300, Austin, TX 78703

For any questions regarding the solicitation of this project please email

HUBprogram@austinisd.org

