

Austin Independent School District HUB Program Compliance Checklist

Solicitation Number & Name: 19CSP086 MATHEWS ES

Name of Prime: _____

Contact Name & Phone Number: _____



A printed HUB Certificate DOES NOT affirm ACTIVE certification



NOTE Submission of this form is required for Responsiveness.

_____ State of Texas HUB _____

or

City of Austin MBE/WBE _____

Were the stated solicitation goal(s) met in your submitted proposal? YES NO

If the question above is answered YES .

If NO, please complete this Compliance Checklist on the reverse side.

ALL

ALL

MUST

ONLY

Proconteam@austinisd.org

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